#### Case 16-30378 Doc 1 Filed 09/23/16 Entered 09/23/16 15:12:54 Desc Main Document Page 1 of 64

| Fill in this information to identify your case: |  |
|---|--|
| United States Bankruptcy Court for the:         |  |
| Northern District of: Illinois (State)          | <u>—</u>                                   |
| Case number (if known)                          | Chapter you are filing under:              |
|   | Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |
|---|----------------------------|---|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name   | George                     |   |
| Write the name that is on   | First name                 | First name                                    |
| your government-issued<br>picture identification (for<br>example, your driver's | Middle name  Guerrero      | Middle name                                   |
| license or passport   | Last name                  | Last name                                     |
| Bring your picture identification to your meeting with the trustee.             | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you  |                            |   |
| have used in the last 8 years   | First name                 | First name                                    |
| Include your married or   | Middle name                | Middle name                                   |
| maiden names.   | Last name                  | Last name                                     |
|   | First name                 | First name                                    |
|   | Middle name                | Middle name                                   |
|   | Last name                  | Last name                                     |
| 3. Only the last 4  | XXX - XX- <u>8647</u>      | XXX - XX-                                     |
| digits of your<br>Social Security<br>number or federal                          | OR                         | OR  |
| Individual Taxpayer<br>Identification<br>number (ITIN)                          | 9 xx - xx-                 | 9 xx - xx-                                    |

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| Debtor 1 George<br>First Name                           | Middle Name   | Guerrero  | Case number (if known)   |                               |  |  |
|---|---|---|--|-------------------------------|--|--|
| First Name  | Wilde Name  | Last Name   |  |                               |  |  |
|   | About Debtor 1:   |   | About Debtor 2 (Spouse   | Only in a Joint Case):        |  |  |
| 4. Any business names and Employer                      | I have not used any busing                              | ess names or EINs.  | I have not used any business                                     | names or EINs.                |  |  |
| Identification<br>Numbers (EIN) you<br>have used in the | Business name   |   | Business name  |                               |  |  |
| last 8 years  | Business name   |   | Business name  |                               |  |  |
| Include trade names and doing business as names         | EIN   |   | EIN  |                               |  |  |
|   | EIN   |   | EIN  |                               |  |  |
| 5. Where you live                                       | 301 S Victory St  |   | If Debtor 2 lives at a different                                 | address:                      |  |  |
|   | Number Street Apt 2                                     |   | Number Street  |                               |  |  |
|   |   |   |  |                               |  |  |
|   | Waukegan Illinois                                       | 60085   |  |                               |  |  |
|   | City State  | Zip Code  | City State   | Zip Code                      |  |  |
|   | •   |   | 3.9  | _,р о о о о                   |  |  |
|   | Lake  |   | _  |                               |  |  |
|   | County  |   | County   |                               |  |  |
|   | If your mailing address is di                           | fferent from the one above.                                   | If Debtor 2's mailing address is                                 | different from yours fill it  |  |  |
|   | fill it in here. Note that the cou                      |   | in here. Note that the court will se                             |                               |  |  |
|   | this mailing address.                                   | , ,   | address.   |                               |  |  |
|   |   |   |  |                               |  |  |
|   | Number Street   |   | Number Street  |                               |  |  |
|   |   |   |  |                               |  |  |
|   |   |   | _  |                               |  |  |
|   | City State  | Zip Code  | City State   | Zip Code                      |  |  |
| 6. Why you are choosing this                            | Check one:  |   | Check one:   |                               |  |  |
| district to file for bankruptcy                         | Over the last 180 days be lived in this district longer | fore filing this petition, I have than in any other district. | Over the last 180 days before lived in this district longer that |                               |  |  |
| ballkiupicy   |   | ·   | _  | •                             |  |  |
|   | T have another reason. Ex                               | plain. (See 28 U.S.C. §§ 1408.)                               | I have another reason. Expla                                     | iii. (See 28 0.S.C. 99 1408.) |  |  |
|   |   |   | -  |                               |  |  |
|   |   |   |  |                               |  |  |
|   |   |   |  |                               |  |  |
|   |   |   |  | _                             |  |  |
|   |   |   |  |                               |  |  |
|   |   |   |  |                               |  |  |

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| Debto   |  | Guerrero Case number (if known)   |           |
|---|--|---|-----------|
| Part 2  | First Name  Tell the Court Abo   | Middle Name Last Name  It Your Bankruptcy Case  |           |
| 7. TI<br>B                                    | he chapter of the<br>ankruptcy Code<br>ou are choosing to<br>le under  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Fo (2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7  Chapter 11  Chapter 12  Chapter 13   | orm       |
|   | ow you will pay<br>ie fee  | ✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  I need to pay the fee in installments. If you choose this option, sign and attach the Application of Individuals to Pay Your Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option only if you are filing for Chapter 7 By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pe the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. | nt<br>for |
| ba  | ave you filed for<br>ankruptcy within<br>ne last 8 years?  | ✓ No.  Yes. District  When  MM / DD / YYYY  District  When  MM / DD / YYYYY  District  When  MM / DD / YYYYY  Case number  MM / DD / YYYYY  MM / DD / YYYYY   |           |
| ca<br>be<br>s <sub>l</sub><br>fil<br>ye<br>be | re any bankruptcy ases pending or eing filed by a pouse who is not ling this case with ou, or by a usiness partner, or y an affiliate? | ✓ No.  Yes. Debtor Relationship to you  District When Case number, if known  Debtor Relationship to you  District When Case number, if known  |           |
|   | o you rent your<br>esidence?   | <ul> <li>No. Go to line 12.</li> <li>✓ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?</li> <li>✓ No. Go to line 12.</li> <li>☐ Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition.</li> </ul>   |           |

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| Debtor 1 George   |                         |  |   | Guerrero                     | Case number (if known)         |  |         |
|---|-------------------------|--|---|------------------------------|--------------------------------|--|---------|
| First Name  | _                       |  |   | Last Name                    |                                |  |         |
| Part 3: Report About An   | y Bus                   | inesse   | es You Own as a S                                     | sole Proprietor              |                                |  |         |
| 12. Are you a sole proprietor of any full- or part-time   | <b>☑</b>                | No.<br>Yes.  | Go to Part 4.  Name and location of b                 | ousiness                     |                                |  |         |
| business?  A sole proprietorship  |                         |  | Name of business, if an                               | ny                           |                                |  | _       |
| is a business you operate as an individual, and is not a separate legal entity such as a corporation, |                         |  | Number  | Street                       |                                |  | _       |
| partnership, or LLC.  If you have more  |                         |  | City  | (                            | State                          | Zip Code   | _       |
| than one sole proprietorship, use a separate sheet and  |                         |  | Check the appropriate  Health Care Bu                 | •                            | business:                      |  |         |
| attach it to this   |                         |  | Single Asset Re                                       | eal Estate (as define        | d in 11 U.S.C. § 101(51B))     |  |         |
| petition.   |                         |  | Stockbroker (as                                       | defined in 11 U.S.C.         | § 101(53A))                    |  |         |
|   |                         |  | Commodity Bro   | ker (as defined in 11        | J.S.C. § 101(6))               |  |         |
|   |                         |  | None of the above                                     | •                            | 3 ( //                         |  |         |
|   |                         |  | THORIC OF THE GIST                                    |                              |                                |  |         |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?       | dead<br>opera           | lines. If y  | ou indicate that you are a<br>ash-flow statement, and | a s <i>mall business deb</i> | tor, you must attach your most | s debtor so that it can set approp<br>recent balance sheet, statement<br>ents do not exist, follow the proce | t of    |
| For a definition of small business  | $\overline{\mathbf{Z}}$ | No.  | I am not filing under Ch                              |                              |                                |  |         |
| debtor, see 11 U.S.C.<br>§ 101(51D).  | Ц                       | No.  | I am filing under Chapt<br>Bankruptcy Code.           | er 11, but I am NOT          | a small business debtor accor  | rding to the definition in the   |         |
| 3 101(012).   |                         | Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |   |                              |                                |  | y Code. |
| Part 4: Report if You Ow  | n or l                  | Have A   | Any Hazardous Pro                                     | operty or Any P              | roperty That Needs Im          | mediate Attention  |         |
| 14. Do you own or have any property that poses or is alleged  | <b>✓</b>                | No.<br>Yes.  | What is the hazard?                                   |                              |                                |  |         |
| to pose a threat of imminent and identifiable hazard  |                         | ı  | If immediate attention is r                           | needed, why is it nee        | ded?                           |  |         |
| to public health or<br>safety? Or do you<br>own any property  |                         | ,  | Where is the property?                                |                              |                                |  |         |
| that needs<br>immediate   |                         |  |   | Number                       | Street                         |  |         |
| attention?  For example, do you   |                         |  |   |                              |                                |  |         |
| own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?         |                         |  |   | City                         | State                          | Zip Code   |         |
|   |                         |  |   |                              |                                |  |         |

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Debtor 1 George Guerrero Case number (if known)

#### First Name Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed about credit this bankruptcy petition, and I received a certificate of this bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed counseling agency within the 180 days before I filed counseling before this bankruptcy petition, but I do not have a this bankruptcy petition, but I do not have a you file for certificate of completion. certificate of completion. bankruptcy. You must truthfully check Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment one of the following plan, if any. plan, if any. choices. If you cannot do so, you are I certify that I asked for credit counseling services I certify that I asked for credit counseling services not eligible to file. from an approved agency, but was unable to obtain from an approved agency, but was unable to obtain those services during the 7 days after I made my those services during the 7 days after I made my If you file anyway, request, and exigent circumstances merit a 30-day request, and exigent circumstances merit a 30-day temporary waiver of the requirement. temporary waiver of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances you filed for bankruptcy, and what exigent circumstances your creditors can required you to file this case. required you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, the payment plan you developed, if any. If you do not do so, your case may be dismissed. your case may be dismissed. Any extension of the 30-day deadline is granted only for Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried internet, even after I reasonably tried to do so. to do so. Active duty. Active duty. I am currently on active military duty in I am currently on active military duty in a military combat zone. a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of about credit counseling, you must file a motion for waiver of

credit counseling with the court.

credit counseling with the court.

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| Middle Name  |  | mber (if known)  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
| 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. §  101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.  16c. State the type of debts you owe that are not consumer debts or business debts. |  |  |  |  |  |  |
| 17. Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  No. I am not filing under Chapter 7. Go to line 18.  Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?   |  |  |  |  |  |  |
| ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | <u>□</u>   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |  |  |  |
| ✓ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million   | \$10,000,001-\$50 mil  | lion S   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion   |  |  |  |
| ✓ \$0-\$50,000<br>☐ \$50,001-\$100,000<br>☐ \$100,001-\$500,000<br>☐ \$500,001-\$1 million   | \$10,000,001-\$50 mil  | lion S   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion   |  |  |  |
|  |  |  |  |  |  |  |
| If I have chosen to file under Chander Chander, and correct.  If I have chosen to file under Chander, and the choose to proceed under Chander If no attorney represents me and me fill out this document, I have an an arrequest relief in accordance with I understand making a false state connection with a bankruptcy case years, or both. 18 U.S.C. §§ 152,  /s/ George Guerrero Signature of Debtor 1  | apter 7, I am aware that I is ates Code. I understand the 7.  I did not pay or agree to pobtained and read the notion the chapter of title 11, Unsernent, concealing property se can result in fines up to 1, 1341, 1519, and 3571.  | may proceed, if of the relief available coay someone who ce required by 1 mited States Cody, or obtaining m \$250,000, or im | eligible, under Chapter 7, e under each chapter, and I no is not an attorney to help 1 U.S.C. § 342(b). le, specified in this petition. oney or property by fraud in prisonment for up to 20 |  |  |  |
|  | stions for Reporting Purposes  16a. Are your debts primarily of 101(8) as "incurred by an in No. Go to line 16b.    Yes. Go to line 17.  16b. Are your debts primarily be obtain money for a business investment.    No. Go to line 16c.   Yes. Go to line 17.  16c. State the type of debts you will be available will be ava | Stions for Reporting Purposes  | Stions for Reporting Purposes  |  |  |  |

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| Debtor 1 George   |  | Guerrero  | Case number (if k  | nown)  |
|---|--|---|--|--|
| First Name  | Middle Name  | Last Name   |  |  |
| For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page. | eligibility to proceed un<br>the relief available und<br>to the debtor(s) the not            | der Chapter 7, 11,<br>er each chapter fol<br>ice required by 11 | 12, or 13 of title 11, Uni<br>r which the person is eli<br>U.S.C. § 342(b) and, in a | at I have informed the debtor(s) about ted States Code, and have explained gible. I also certify that I have delivered a case in which § 707(b)(4)(D) applies, ion in the schedules filed with the |
|   | Signature of Attorney for  | or Debtor   | M  | M / DD / YYYY  |
|   | Nathan Delman Printed name  Semrad Law Firm Firm name  5101 Washington Street Street Unit 29 | et  |  |  |
|   | Gurnee   |   | Illinois   | 60031  |
|   | City   |   | State  | Zip Code   |
|   | Contact phone  | 3124473700  | Email address _  | ndelman@semradlaw.com  |
|   | 6296205  |   | Illinois   |  |
|   | Bar number   |   | State  | <del></del>  |

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| Fill in this information to identify your case: |                |             |                             |         |  |  |  |
|---|----------------|-------------|-----------------------------|---------|--|--|--|
| Debtor 1  | George         |             | Guerrero                    |         |  |  |  |
|   | First Name     | Middle Name | Last Name                   | <u></u> |  |  |  |
| Debtor 2  |                |             |                             |         |  |  |  |
| (Spouse, if filing                              | ng) First Name | Middle Name | Last Name                   |         |  |  |  |
| United States Bankruptcy Court for the:         |                | Northern    | District of Illinois(State) |         |  |  |  |
| Case number (If known)                          |                |             | (Glate)                     |         |  |  |  |

| Check if this is ar |
|---------------------|
| amended filing      |

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#### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets  |                                      |
|--|--------------------------------------|
|  | Your assets<br>Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$0.00                               |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$13,700.00                          |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$13,700.00                          |
| Part 2: Summarize Your Liabilities   |                                      |
|  | Your liabilities<br>Amount you owe   |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | \$23,395.00                          |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$0.00                               |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$12,427.00                          |
| Your total liabilities   | \$35,822.00                          |
| Part 3: Summarize Your Income and Expenses   |                                      |
| 4. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I  | \$2,404.74                           |
| Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22, Column A, of Schedule J   | \$2,403.00                           |
|  |                                      |

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| De          | otor 1  | George  |                              | Guerrero                      | Case n            | umber (if known)            |            |  |  |  |
|-------------|---|---|------------------------------|-------------------------------|-------------------|-----------------------------|------------|--|--|--|
|             |   | First Name  | Middle Name                  | Last Name                     |                   |                             |            |  |  |  |
| Par         | t 4:  | Answer These Questio  | ns for Administrat           | ive and Statistical R         | ecords            |                             |            |  |  |  |
| 6. <b>A</b> | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? |   |                              |                               |                   |                             |            |  |  |  |
|             | □ N   | o. You have nothing to report of                                  | on this part of the form. Cl | neck this box and submit th   | is form to the co | urt with your other schedul | es.        |  |  |  |
|             | ✓ Ye  | es.   |                              |                               |                   |                             |            |  |  |  |
| 7. <b>\</b> | 7. What kind of debt do you have?                             |   |                              |                               |                   |                             |            |  |  |  |
|             |   | our debts are primarily consumily, or household purpose. 11       |                              |                               | ,                 | , ,                         |            |  |  |  |
|             |   | our debts are not primarily ais form to the court with your court |                              | ave nothing to report on this | part of the form  | a. Check this box and subm  | nit        |  |  |  |
| 8.          |   | the Statement of Your Cu<br>122A-1 Line 11; OR, Form 12           | •                            | 1,,,                          | nthly income fro  | m Official                  | \$3,012.91 |  |  |  |
| 9.          | Cop   | by the following special cate                                     | gories of claims from I      | Part 4, line 6 of Schedule    | E/F:              |                             |            |  |  |  |
|             | From Part 4 on Schedule E/F, copy the following:              |   |                              |                               |                   | Total claim                 |            |  |  |  |
|             | 9a. I   | Domestic support obligations                                      | (Copy line 6a.)              |                               |                   | \$0.00                      |            |  |  |  |
|             | 9b. <sup>-</sup>  | Taxes and certain other debts y                                   | ou owe the government.       | (Copy line 6b.)               |                   | \$0.00                      |            |  |  |  |
|             | 9c. (   | Claims for death or personal in                                   | icated. (Copy line 6c.)      |                               | \$0.00            |                             |            |  |  |  |
|             | 9d. \$  | Student loans. (Copy line 6f.)                                    |                              |                               |                   | \$0.00                      |            |  |  |  |
|             |   | Obligations arising out of a seprity claims. (Copy line 6g.)      | paration agreement or div    | rorce that you did not repor  | t as              | \$0.00                      |            |  |  |  |
|             | 9f. E   | Debts to pension or profit-shar                                   | ng plans, and other simil    | ar debts. (Copy line 6h.)     |                   | \$0.00                      |            |  |  |  |
|             | 9g. '   | Total. Add lines 9a through 9f                                    |                              |                               |                   | \$0.00                      |            |  |  |  |

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| Fill in this                                    | information to identify your cas   | se:  |   |  |                     |  |  |
|---|--|--|---|--|---------------------|--|--|
| Debtor 1  | George   |  |   | Guerrero   |                     |  |  |
|   | First Name   | Middle N   | lame                                    | Last Name  |                     |  |  |
| Debtor 2  | if filing) First Name  | NAC-L-III - N  |   | LordNove   |                     |  |  |
| (Spouse,  | II IIIII 9) First Name   | Middle N   | lame                                    | Last Name  |                     |  |  |
| United St                                       | ates Bankruptcy Court for the:   | Northern   |   | District of Illinois   |                     |  |  |
| Case nun  | nher   |  |   | (State)  |                     |  |  |
| (If known)                                      |  |  |   |  |                     |  |  |
| O((, - ; -                                      | -1 F 400 A /D  |  |   | <u> </u>   |                     | 1  | Check if this is an  |
| Officia   | al Form 106A/B   |  |   |  |                     |  | amended filing   |
| Sche  | dule A/B: Prope  | erty   |   |  |                     |  | 12/1   |
| category version responsible write your Part 1: | where you think it fits best. E<br>ble for supplying correct info<br>name and case number (if k<br>Describe Each Reside<br>u own or have any legal or ed | e as complete and<br>ormation. If more s<br>nown). Answer ev<br>nce, Building, | d accura<br>pace is<br>ery que<br>Land, | et only once. If an asset fits in more than ate as possible. If two married people are needed, attach a separate sheet to this stion.  or Other Real Estate You Own outlinesses of the stidence, building, land, or similar proper | e filing<br>form. ( | together, both are e<br>On the top of any ac     | equally  |
|   | No. Go to Part 2   |  |   |  |                     |  |  |
| ш   | Yes. Where is the property?  |  | <b>1871</b> 4 <sup>1</sup>              | to the consequents O Object all that are the   | Б.                  | (  | ······································                                   |
| 1.1   |  |  |   | is the property? Check all that apply.  Igle-family home   | the                 | amount of any secure                             | aims or exemptions. Put ed claims on <i>Schedule D:</i>                  |
|   | Street address, if available, o  | r other description  |   | plex or multi-unit building  | Cre                 | ditors Who Have Cla                              | ims Secured by Property.   |
|   |  |  | Ħc₀                                     | ndominium or cooperative   |                     | rrent value of the                               | Current value of the   |
|   |  |  | Ma                                      | nufactured or mobile home  | ent                 | ire property?                                    | portion you own?   |
|   | Number Street  |  | La                                      |  | Dar                 | aviba tha natura af                              | varr aumarahin   |
|   | Number Street  |  |   | estment property   | inte                | scribe the nature of<br>erest (such as fee si    | mple, tenancy by   |
|   | City State   | Zip Code   |   | neshare<br>ner   | the                 | entireties, or a life                            | estate), if known.   |
|   |  | ,  | one.  De De De De At                    | btor 1 only<br>btor 2 only<br>btor 1 and Debtor 2 only<br>east one of the debtors and another  |                     | Check if this is cor<br>(see instructions)       | mmunity property   |
|   |  |  | Other                                   | information you wish to add about this ty identification number:   | item, s             | uch as local                                     |  |
| If you  | own or have more than one, list  | here:  | F. 240                                  | · · · · · · · · · · · · · · · · · · ·  |                     |  |  |
| 1.2   | Street address, if available, o  | r other description  | Sir                                     | s the property? Check all that apply. gle-family home plex or multi-unit building  | the                 | amount of any secure                             | aims or exemptions. Put d claims on Schedule D: ims Secured by Property. |
|   |  |  |   | ndominium or cooperative<br>ınufactured or mobile home<br>nd   |                     | rrent value of the ire property?                 | Current value of the portion you own?                                    |
|   | Number Street  |  |   | estment property   | Des                 | scribe the nature of                             | your ownership   |
|   |  |  |   | neshare  | inte                | erest (such as fee sine entireties, or a life of | mple, tenancy by<br>estate), if known.                                   |
|   | City State   | Zip Code   | Who hone.                               | nas an interest in the property? Check   |                     | Check if this is cor<br>(see instructions)       |  |
|   |  |  |   | btor 2 only  |                     |  |  |

At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Debtor 1 and Debtor 2 only

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| Debtor 1                      | George<br>First Name   | Middle Name                                    | Guerrero<br>Last Name   | Case number | (if known)   |   |
|-------------------------------|--|--|---|-------------|--|---|
| 1.3Stre                       | eet address, if available, or otl  | [  | What is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home  | apply.      | Do not deduct secured of the amount of any secure Creditors Who Have Clate Current value of the entire property? | •   |
| Nur                           | nber Street  State   | Zip Code                                       | Land Investment property Timeshare Other  | _           | Describe the nature of interest (such as fee si the entireties, or a life  | mple, tenancy by  |
|                               |  | ]<br>]<br>]                                    | Who has an interest in the property  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add a property identification number: | ner         | Check if this is con (see instructions)  | mmunity property  |
|                               |  | tion you own for a                             | all of your entries from Part 1, includes   |             |  |   |
| <b>Do you o</b><br>you own th | nat someone else drives. If you<br>ans, trucks, tractors, sport utili<br>o | equitable interest i<br>u lease a vehicle, als | n any vehicles, whether they are reg<br>so report it on Schedule G: Executory Co<br>ycles   |             |  |   |
| 3.1                           | Model:<br>Year:  | Acura TSX 2012                                 | Who has an interest in the propone.  Debtor 1 only  | erty? Check | the amount of any secure   | laims or exemptions. Put ed claims on Schedule D: aims Secured by Property. |
|                               | Approximate mileage: Other information:                                    | 77000  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a  |             | Current value of the entire property?<br>\$12050.00  | Current value of the portion you own?<br>\$12050.00                         |
| 3.2                           | Make<br>Model:<br>Year:  |  | instructions)  Who has an interest in the propone.  Debtor 1 only   |             | the amount of any secure   | laims or exemptions. Put ed claims on Schedule D: nims Secured by Property. |
|                               | Approximate mileage: Other information:                                    |  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this is community p instructions)   |             | Current value of the entire property?  | Current value of the portion you own?                                       |

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| Other information:  Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  3.4 Make Model: Year: Approximate mileage: Other information:  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one. Year: Approximate mileage: Other information:  Who has an interest in the property? Check one. At least one of the debtors and another Check if this is community property (see instructions)  Do not deduct secured claims or exemption for any secured claims or exemption for any secured daims on Schee instructions  Current value of the entire property?  Current value of the entire property?  At least one of the debtors and another Check if this is community property (see instructions)  Do not deduct secured claims or exemption for the entire property?  Current value of the entire property?  Current value of the entire property?  Current value of the entire property?  Other information:  Do not deduct secured claims or exemption for the entire property?  Current value of the entire property?  | btor 1 | George                              | Guerrero                      | Case number (if known)          |                                |
|--|--------|-------------------------------------|-------------------------------|---------------------------------|--------------------------------|
| Model: Year:   |        | First Name Mid                      | dle Name Last Name            |                                 |                                |
| Debtor 1 only   Creditors Who Have Claims Secured by P.  | 3.3    |                                     | <del></del>                   |                                 | •                              |
| Approximate mileage:   |        |                                     |                               |                                 |                                |
| Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Creditors Who Have Claims Secured by P.  Current value of the entire property?  Do not deduct secured claims or exemption the amount of any secured daims or exemption the amount of any secured by P.  Current value of the entire property?  Do not deduct secured claims or exemption the amount of any secured by P.  Current value of the entire property?  Do not deduct secured claims or exemption the entire property?  Current value of the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Current value of the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct secured claims or exemption the entire property?  Do not deduct se |        |                                     |                               | ereanere mie i                  | are claime decarea by theper   |
| At least one of the debtors and another    Check if this is community property (see instructions)   At least one of the debtors and another   Check if this is community property (see instructions)   At least one of the debtors and another (Creditors Who Have Claims or exemption the amount of any secured claims or exemption.                    |        | ·· <u> </u>                         | = '                           |                                 |                                |
| Check if this is community property (see instructions)   |        | Curci information.                  |                               |                                 |                                |
| Instructions   Who has an interest in the property? Check one.   Who has an interest in the property? Check one.   Debtor 1 only   Current value of the entire property?   Check if this is community property (see instructions)   Debtor 1 only   Current value of the entire property?   Other information:   Debtor 1 only   Debtor 2 only   Current value of the entire property?   Other information:   Debtor 1 only   Debtor 2 only   Other information:   Debtor 1 only   Other information:   Debtor 1 only   Debtor 2 only   Other information:   Debtor 1 only   Debtor 1 only   Debtor 1 only   Other information:   Debtor 1 only   Debtor 1 only   Debtor 1 only   Other information:   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Other information:   Debtor 1 only   Debtor 1 only   Debtor 1 only   Other information:   Debtor 1 only   Debtor 1 only   Debtor 1 only   Debtor 1 only   Other information:   Debtor 1 only   De   |        |                                     |                               |                                 |                                |
| Model: Year: Approximate mileage: Other information: Debtor 2 only Other information: Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check one. Approximate mileage: Other information:  Who has an interest in the property? Check one. Check if this is community property (see instructions)  Who has an interest in the property? Check one. Check if this is community property (see instructions)  Who has an interest in the property? Check one. Check if this is community property (see instructions)  Who has an interest in the property? Check one. Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 and Debtor 2 only Current value of the entire property?   |        |                                     | <u>—</u>                      | ty property (see                |                                |
| Year:  | 3.4    |                                     |                               |                                 |                                |
| Approximate mileage: Debtor 2 only Other information: Debtor 1 and Debtor 2 only Clarrent value of the entire property?  At least one of the debtors and another Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  Do not deduct secured claims or exemption the amount of any secured claims on exemption the amount  |        |                                     |                               |                                 |                                |
| Other information:  Debtor 1 and Debtor 2 only  Current value of the entire property?  Debtor 1 only  Other information:  Debtor 1 only  Other information:  Debtor 2 only  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snownobiles, motorcycle accessories  Who has an interest in the property? Check one.  Approximate mileage:  Other information:  Make  Model:  Current value of the entire property?  Debtor 1 only  Current value of the entire property?  Do not deduct secured claims or exemption the amount of any secured claims on Scheek one.  Current value of the entire property?  Current value of the entire property?  Do not deduct secured claims or exemption the amount of any secured claims or exemption the entire property?  Current value of the entire property?  |        |                                     |                               | Creditors who h                 | ave Claims Secured by Prope    |
| At least one of the debtors and another   Check if this is community property (see instructions)   |        | Approximate mileage.                | <b>=</b> '                    | Current value of                | of the Current value of the    |
| Check if this is community property (see instructions)  Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  V No  Yes  4.1 Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Creditors Who Have Claims or exemption the amount of any secured claims on Scheol Creditors Who Have Claims Secured by P.  Current value of the entire property?  Current value of the entire property?  Current value of the entire property?  Do not deduct secured claims or exemption the amount of any secured claims or exemption one.  Circetiros Who Have Claims Secured by P.  Current value of the entire property?  |        | Other information:                  | Debtor 1 and Debtor 2 only    | entire property?                | portion you own?               |
| Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories  Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No Yes  4.1 Make   |        |                                     | At least one of the debtors a | and another                     | <del>-</del>                   |
| Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories    No   |        |                                     |                               | ty property (see                |                                |
| Year: Approximate mileage: Other information: Debtor 1 and Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Year: Approximate mileage: Debtor 1 and Debtor 2 only  Who has an interest in the property? Check one. Do not deduct secured claims or exemption the amount of any secured claims on Scheel Creditors Who Have Claims Secured by P.  Current value of the amount of any secured claims or exemption the amount of any secured claims on Scheel Creditors Who Have Claims Secured by P.  Other information: Debtor 1 and Debtor 2 only Debtor 2 only At least one of the debtors and another Current value of the entire property?   | 4.1    |                                     |                               |                                 |                                |
| Approximate mileage:  Other information:  Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Year: Approximate mileage:  Other information:  Debtor 1 only  Debtor 2 only  Current value of the entire property?  Do not deduct secured claims or exemption the amount of any secured claims on Scheol Creditors Who Have Claims Secured by P.  Current value of the entire property?  Current value of the entire property?  Do not deduct secured claims or exemption the amount of any secured claims on Scheol Creditors Who Have Claims Secured by P.  Current value of the entire property?  Current value of the entire property?  Current value of the entire property?  |        |                                     |                               |                                 |                                |
| Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Year: Approximate mileage:  Other information:  Debtor 1 only Debtor 2 only Debtor 2 only  Current value of the entire property?  Do not deduct secured claims or exemption the amount of any secured claims on Scheol Creditors Who Have Claims Secured by P.  Current value of the entire property?  Current value of the entire property?  Do not deduct secured claims or exemption the amount of any secured claims or exemption one.  Creditors Who Have Claims Secured by P.  Current value of the entire property?  |        |                                     | — <u> </u>                    | Creditors who h                 | ave Claims Secured by Prope    |
| At least one of the debtors and another    Check if this is community property (see instructions)    At least one of the debtors and another   |        | Approximate mileage.                | = '                           |                                 |                                |
| 4.2 Make Model: Year: Approximate mileage: Other information:  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Do not deduct secured claims or exemption the amount of any secured claims on Scheel Creditors Who Have Claims Secured by Particular Secured Claims or exemption the amount of any secured claims or exemption the amount of any secured claims or exemption the amount of any secured claims on Schedular Secured by Particular Secured by Particu |        | Other information:                  |                               |                                 | portion you own?               |
| instructions)  4.2 Make  Model: Year: Approximate mileage: Other information:  Who has an interest in the property? Check one. Do not deduct secured claims or exemption the amount of any secured claims on Schede Creditors Who Have Claims Secured by Property (See instructions)  Current value of the entire property?  Current value of the entire property?  Current value of the entire property?  Check if this is community property (See instructions)  |        |                                     | At least one of the debtors a | and another                     |                                |
| Model: Year:  Approximate mileage:  Other information:  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  the amount of any secured claims on Sched Creditors Who Have Claims Secured by Property (are entire property?  Current value of the entire property?  Current value of portion you own   |        |                                     |                               | ty property (see                |                                |
| Year: Approximate mileage: Other information: Debtor 1 only Debtor 2 only Debtor 2 only Current value of the entire property? Other information: Current value of the entire property?  Check if this is community property (see instructions)  | 4.2    | Make                                | Who has an interest in the p  | roperty? Check Do not deduct se | cured claims or exemptions. Pu |
| Approximate mileage:  Other information:  Debtor 2 only  Other information:  Debtor 2 only  At least one of the debtors and another  Current value of the entire property?  portion you own  Current value of the entire property?  Current value of the entire property?  |        |                                     |                               |                                 |                                |
| Other information:  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  Current value of the entire property?  portion you own  |        |                                     |                               | Creditors Who H                 | ave Claims Secured by Prope    |
| At least one of the debtors and another  Check if this is community property (see instructions)  |        | лрргохіппаце пішеаде:<br>           | Debtor 2 only                 | Current value of                | of the Current value of the    |
| Check if this is community property (see instructions)   |        | Other information:                  | Debtor 1 and Debtor 2 only    | entire property                 | portion you own?               |
| instructions)  |        |                                     | At least one of the debtors a | and another                     | _                              |
|  |        |                                     |                               | ty property (see                |                                |
| . Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages \$12050.00  | . Add  | the dollar value of the portion you | ,                             | cluding any entries for pages   | \$12050.00                     |

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| D                          | ebtor 1                         | George          |  | Guerrero                                | Case number (if known)         |   |
|----------------------------|---------------------------------|-----------------|--|---|--------------------------------|---|
|                            |                                 | First Name      | Middle Name  | Last Name                               |                                |   |
| Pa                         | art 3:                          | Describe Y      | our Personal and Househol  | d Items                                 |                                |   |
| D                          | o you                           | own or ha       | ve any legal or equitable in   | terest in any of the fo                 | ollowing items?                | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|                            |                                 |                 | and furnishings<br>iances, furniture, linens, china, kitcher   | nware                                   |                                |   |
| L                          | No                              |                 |  |   |                                |   |
| ⊻                          | Yes. D                          | escribe         | Used Furniture   |   |                                | \$750.00  |
|                            | <b>7. Elect</b> i<br>Exampl     |                 | and radios; audio, video, stereo, and  | digital equipment; computers            | s, printers, scanners; music   |   |
| 늗                          | Yes. D                          | escribe         | x1 television; x1 computer   |   |                                | \$250.00  |
|                            |                                 |                 |  |   |                                | \$230.00  |
|                            | Examp                           | •               | ue and figurines; paintings, prints, or othe n, or baseball card collections; other                  | • | • •                            |   |
| Ě                          |                                 | escribe         |  |   |                                | 7   |
| _                          | 100. 2                          |                 |  |   |                                |   |
|                            |                                 | les: Sports, ph | orts and hobbies<br>otographic, exercise, and other hobby<br>s; carpentry tools; musical instruments |   | oles, golf clubs, skis; canoes |   |
| $ \underline{\mathbf{V}} $ | No                              |                 |  |   |                                | _   |
|                            | Yes. D                          | escribe         |  |   |                                | <del></del>   |
|                            | 0. Firea<br>Examp               |                 | es, shotguns, ammunition, and related  | d equipment                             |                                |   |
|                            | Yes. D                          | escribe         |  |   |                                |   |
|                            |                                 |                 |  |   |                                |   |
|                            | I <b>1. Clot</b><br>Examp<br>No |                 | clothes, furs, leather coats, designer w   | year, shoes, accessories                |                                |   |
|                            |                                 | escribe         | Used Clothing  |   |                                | <b>#050.00</b>  |
| Ľ                          |                                 |                 |  |   |                                | \$350.00  |
|                            | ١                               |                 | ewelry, costume jewelry, engagement<br>r   | rings, wedding rings, heirloom          | n jewelry, watches, gems,      |   |
| Ė                          |                                 | escribe         |  |   |                                | T   |
|                            | '<br> 3. Non                    | -farm animals   | s, birds, horses   |   |                                |   |
|                            | No                              | -               |  |   |                                |   |
|                            | •                               | escribe         |  |   |                                |   |
|                            | _                               | other person    | al and household items you did no  | ot already list, including any          | health aids you did not list   |   |
| ✓                          | No                              |                 |  |   |                                |   |
|                            | Yes. D                          | escribe         |  |   |                                |   |
|                            |                                 |                 | lue of all of your entries from Part   |   |                                | \$1350.00   |

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| Debt         | or 1     | George                                      |   | Guerrero                     | Case number (if known)                                    |  |
|--------------|----------|---|---|------------------------------|---|--|
|              |          | First Name                                  | Middle Name   | Last Name                    |   |  |
| Part 4       | 4:       | Describe Your F                             | inancial Assets   |                              |   |  |
| Do           | you      | own or have a                               | ny legal or equitable into  | erest in any of the fo       | ollowing?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16. <b>C</b> | ash      |   |   |                              |   |  |
| Е            | xamp     | ples: Money you have<br>No                  | e in your wallet, in your home, in a s                                      | safe deposit box, and on har | nd when you file your petition                            |  |
|              |          | Yes   |   |                              | Cook  |  |
|              |          | osits of money                              |   |                              | Cash:   |  |
|              |          |   | vings, or other financial accounts;<br>titutions. If you have multiple acco |                              | res in credit unions, brokerage houses,<br>on, list each. |  |
|              | <b>✓</b> | No<br>Yes                                   |   | Institution name:            |   |  |
|              |          |   | 17.1. Checking account:   | Chase                        |   | \$300.00   |
|              |          |   | 17.2. Checking account:   |                              |   |  |
|              |          |   | 17.3. Savings account:  |                              |   |  |
|              |          |   | 17.4. Savings account:  |                              |   |  |
|              |          |   | 17.5. Certificates of deposit:  | _                            |   |  |
|              |          |   | 17.6. Other financial account:  |                              |   | _  |
|              |          |   | 17.7. Other financial account:  |                              |   |  |
|              |          |   | 17.8. Other financial account:  |                              |   |  |
|              |          |   | 17.9. Other financial account:  |                              |   |  |
|              |          |   | or publicly traded stocks<br>ovestment accounts with brokerage              | e firms, money market accou  | unts  |  |
|              |          | No<br>Yes                                   | Institution or issuer name:   |                              |   |  |
|              |          |   |   |                              |   |  |
|              |          |   |   |                              |   |  |
|              |          | n-publicly traded st<br>LLC, partnership, a |   | ted and unincorporated I     | ousinesses, including an interest in                      |  |
|              | <b>✓</b> | No  | Name of entity  |                              | % of ownership:   |  |
|              |          | Yes. Give specific information about        | THAITIE OF CHULY  |                              | 70 OI OWITEISTIP.   |  |
|              |          | them  |   |                              |   |  |
|              |          |   |   |                              |   |  |

Official Form 106A/B Schedule A/B: Property page 5

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| Deb | tor 1    | George                                     |  | Guerrero                         | Case number (if known)  |                |
|-----|----------|--|--|----------------------------------|---|----------------|
|     |          | First Name                                 | Middle Name  | Last Name                        |   |                |
| 20. | Go       | vernment and corp                          | orate bonds and other negotia  | ble and non-negotiable i         | nstruments  |                |
|     |          |  | nclude personal checks, cashiers'<br>nts are those you cannot transfer |                                  |   |                |
|     | <b>V</b> |  | , ,  | ,                                | 3   |                |
|     | Ħ        | Yes. Give specific                         |  |                                  |   |                |
|     | ш        | information about                          | Issuer name:   |                                  |   |                |
|     |          | them                                       |  |                                  |   |                |
|     |          |  |  |                                  |   |                |
|     |          |  |  |                                  |   | <del>-</del> - |
|     |          |  |  |                                  |   |                |
| 21. | Ret      | tirement or pension                        | accounts   | 11-26                            | ath an an artist and a second |                |
|     |          | 1  | (A, ERISA, Keogn, 401(K), 403(D)                                       | , thrift savings accounts, or    | other pension or profit-sharing plans   |                |
|     |          | 1  | Type of account:   | Institution name:                |   |                |
|     | ш        | Yes. List each account                     | 401(k) or similar plan:  |                                  |   |                |
|     |          | separately.                                | .,   |                                  |   | _              |
|     |          |  | Pension plan:  |                                  |   | _              |
|     |          |  | IRA:   |                                  |   | _              |
|     |          |  | Retirement account:  |                                  |   |                |
|     |          |  | Keogh:   |                                  |   |                |
|     |          |  | Additional account:  |                                  |   | -<br>          |
|     |          |  | Additional account:  |                                  |   | =              |
| 22. | Sec      | curity deposits and p                      | orenavments  |                                  |   | _              |
| 22. | You      | ır share of all unused o                   | deposits you have made so that yo                                      |                                  |   |                |
|     |          | amples: Agreements v<br>npanies, or others | with landlords, prepaid rent, public                                   | utilities (electric, gas, water  | r), telecommunications  |                |
|     |          | No   |  | Institution name:                |   |                |
|     |          |  |  | modedion name.                   |   |                |
|     | ш        | Yes  | Electric:  |                                  |   | _              |
|     |          |  | Gas:   |                                  |   | _              |
|     |          |  | Heating oil:   |                                  |   | _              |
|     |          |  | Security deposit on rental unit:                                       |                                  |   | _              |
|     |          |  | Prepaid rent:  |                                  |   | _              |
|     |          |  | Telephone:   |                                  |   |                |
|     |          |  | Water:   |                                  |   |                |
|     |          |  | Rented furniture:  |                                  |   | <del>-</del>   |
|     |          |  | Other:   |                                  |   | -              |
| 23. | Anı      | nuities (A contract for                    | a periodic payment of money to y                                       | ou, either for life or for a nur | nber of years)  | _              |
|     | <b>V</b> | i .  | ., , . ,   |                                  | ,   |                |
|     | 一        | Yes  | Issuer name and description:   |                                  |   |                |
|     | _        |  |  |                                  |   |                |
|     |          |  |  |                                  |   | -              |
|     |          |  |  |                                  |   | -              |
|     |          |  |  |                                  |   |                |

Official Form 106A/B Schedule A/B: Property page 6

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| Debte      | or 1 George<br>First Name Middl  | Guerrero   | Case number (if known)  |  |
|------------|--|--|---|--|
| 24.        |  | e Name  count in a qualified ABLE program, or under a (/b)/1)                                    | qualified state tuition program   |  |
|            | <b>✓</b> No  | ption. Separately file the records of any interests.11   | U.S.C. § 521(c):  |  |
|            |  |  |   |  |
| 25.        | Trusts equitable or future interests in  | property (other than anything listed in line 1),   | and rights or nowers  |  |
| 20.        | exercisable for your benefit   | property (orner than anything noted in line 1),  | and rights of powers  |  |
|            | ✓ No  Yes. Describe  |  |   |  |
| 26.        |  | e secrets, and other intellectual property<br>es, proceeds from royalties and licensing agreemen | nts   |  |
|            | ✓ No   |  |   | 7  |
|            | Yes. Describe  |  |   |  |
| 27.        | Licenses, franchises, and other general Examples: Building permits, exclusive lice   | al intangibles<br>nses, cooperative association holdings, liquor licen                           | nses, professional licenses   |  |
|            | ✓ No ☐ Yes. Describe   |  |   | 1  |
|            |  |  |   |  |
|            |  |  |   |  |
| Mon        | ney or property owed to you?   |  |   | Current value of the portion you own? Do not deduct secured claims or exemptions.    |
|            | ney or property owed to you?  Tax refunds owed to you  |  |   | portion you own? Do not deduct secured   |
|            | Tax refunds owed to you  No  |  |   | portion you own? Do not deduct secured   |
|            | Tax refunds owed to you  |  |   | portion you own?  Do not deduct secured claims or exemptions.                        |
| 28.        | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  |  | Federal:  | portion you own?  Do not deduct secured claims or exemptions.  \$0.00                |
| 28.        | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  | spousal support, child support, maintenance, divorce   | Federal: State: Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00         |
| 28.        | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support Examples: Past due or lump sum alimony, so   | spousal support, child support, maintenance, divorce   | Federal: State: Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00 |
| 28.        | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support Examples: Past due or lump sum alimony, s  | spousal support, child support, maintenance, divorce   | Federal: State: Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00         |
| 28.        | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support Examples: Past due or lump sum alimony, so   | pousal support, child support, maintenance, divorce  | Federal: State: Local: e settlement, property settlement Alimony:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00 |
| 28.        | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  | pousal support, child support, maintenance, divorce  | Federal: State: Local: e settlement, property settlement  Alimony: Maintenance:   | \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.        | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support Examples: Past due or lump sum alimony, s  ✓ No  Yes. Give specific information  | spousal support, child support, maintenance, divorce   | Federal: State: Local: e settlement, property settlement  Alimony: Maintenance: Support:  | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.<br>29. | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support Examples: Past due or lump sum alimony, s  ✓ No  Yes. Give specific information  | spousal support, child support, maintenance, divorce   | Federal: State: Local: e settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00                                     |
| 28.<br>29. | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support Examples: Past due or lump sum alimony, s  ✓ No  Yes. Give specific information  | nce payments, disability benefits, sick pay, vacation p  | Federal: State: Local: e settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00                                     |
| 28.<br>29. | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support Examples: Past due or lump sum alimony, s  ✓ No  Yes. Give specific information  Other amounts someone owes you  Examples: Unpaid wages, disability insurar Social Security benefits; unpaid | nce payments, disability benefits, sick pay, vacation p  | Federal: State: Local: e settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00                              |

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| Deb  | tor 1    | George  |  | Guerrero  | Case number (if known)                          |  |
|------|----------|---|--|---|---|--|
|      |          | First Name  | Middle Name                                      | Last Name   |   |  |
| 31.  |          | erests in insurance<br>amples: Health, disab                |  | Ith savings account (HSA); credit, ho                           | omeowner's, or renter's insurance               |  |
|      | ✓<br>□   | No<br>Yes. Name the insur<br>of each policy and li          |  | Company name:   | Beneficiary:                                    | Surrender or refund value:   |
| 32.  | If yo    | ou are the beneficiary<br>perty because somed<br>No         |  | someone who has died roceeds from a life insurance policy, o    | or are currently entitled to receive            |  |
|      | Ш        | Yes. Describe   |  |   |   |  |
| 33.  |          |   |  | ou have filed a lawsuit or made a ance claims, or rights to sue | demand for payment                              |  |
| 34.  |          | ner contingent and<br>set off claims<br>No<br>Yes. Describe | unliquidated claims of                           | every nature, including counterc                                | laims of the debtor and rights                  |  |
| 35.  | Any      | y financial assets yo                                       | ou did not already list                          |   |   |  |
|      | <b>✓</b> | No<br>Yes. Describe   |  |   |   |  |
| 36.  |          |   |  | n Part 4, including any entries for                             |   | \$300.00   |
| Part | 5:       | Describe Any I  | Business-Related P                               | roperty You Own or Have a                                       | n Interest In. List any real estate             | in Part 1.   |
| 37.  | Do       | you own or have a   | ny legal or equitable inte                       | erest in any business-related prop                              | perty?  |  |
|      | <b>✓</b> | No. Go to Part 6.<br>Yes. Go to line 38.                    |  |   | <b>1</b>  | Current value of the cortion you own? Do not deduct secured claims or exemptions |
| 38.  |          | 1   | r commissions you alrea                          | ady earned  |   |  |
|      |          | No<br>Yes. Describe   |  |   |   |  |
| 39.  | Exa      | amples: Business-rela                                       | nishings, and supplies ated computers, software, | modems, printers, copiers, fax mach                             | nines, rugs, telephones, desks, chairs, electro | onic devices   |
|      |          | No<br>Yes. Describe   |  |   |   |  |
|      |          |   |  |   |   |  |

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| Deb   | tor 1 George                         | Guerr   |                                 | per (if known)         |   |
|-------|--------------------------------------|---|---------------------------------|------------------------|---|
| 40.   | First Name  Machinery fixtures ec    | Middle Name Last Na<br>uipment, supplies you use in business, and             |                                 |                        |   |
| 70.   | No                                   | aipinoni, supplies you use ili busiliess, ali                                 | a tools or your trade           |                        |   |
|       | Yes. Describe                        |   |                                 |                        |   |
|       | 100. 2000/100                        |   |                                 |                        |   |
| 44    | Inventory                            |   |                                 |                        |   |
| 41.   | Inventory                            |   |                                 |                        |   |
|       | ✓ No  Yes. Describe                  |   |                                 |                        |   |
|       | Tes. Describe                        |   |                                 |                        |   |
| 40    |                                      |   |                                 |                        |   |
| 42.   | Interests in partnersh               | ps or joint ventures  |                                 |                        |   |
|       | ✓ No                                 | Name of entity:   |                                 | % of ownership:        |   |
|       | Yes. Give specific information about |   |                                 |                        |   |
|       | them                                 |   |                                 |                        |   |
|       |                                      |   |                                 |                        |   |
| 40.4  | O                                    | lists on other committees.  |                                 |                        |   |
| 43. ( |                                      | lists, or other compilations  |                                 |                        |   |
|       | No                                   | ali da mana a alli i da esifiali la información de def                        | 0//AAA\AA\A                     |                        |   |
|       | res. Do your lists in                | clude personally identifiable information (as def                             | ned in 11 0.5.C. § 101(41A))?   |                        |   |
|       | ☐ No                                 |   |                                 |                        |   |
|       | Yes. Desc                            | be  |                                 |                        |   |
| 44.   | Any business-related                 | roperty you did not already list  |                                 |                        |   |
|       | <b>✓</b> No                          |   |                                 |                        |   |
|       | Yes. Give specific                   |   |                                 |                        |   |
|       | information                          |   |                                 |                        |   |
|       |                                      |   |                                 |                        |   |
|       |                                      |   |                                 | _                      |   |
|       |                                      |   |                                 |                        |   |
|       |                                      |   |                                 |                        |   |
|       |                                      |   |                                 |                        |   |
| 45. A | dd the dollar value of a             | l of your entries from Part 5, including any                                  | entries for pages you have atta | ached                  |   |
| for P | art 5. Write that number             | here  |                                 | <b>&gt;</b>            |   |
| Part  |                                      | arm- and Commercial Fishing-Relating interest in farmland, list it in Part 1. | ted Property You Own or         | r Have an Interest In. |   |
| 46.   | Do you own or have a                 | ny legal or equitable interest in any farm- o                                 | commercial fishing-related pro  | operty?                |   |
|       | No. Go to Part 7.                    |   |                                 |                        | Current value of the                    |
|       | Yes. Go to line 47.                  |   |                                 |                        | portion you own?  Do not deduct secured |
|       |                                      |   |                                 |                        | claims                                  |
| 47    | Farm animals                         |   |                                 |                        | or exemptions                           |
|       | Examples: Livestock, po              | ıltry, farm-raised fish   |                                 |                        |   |
|       | <b>✓</b> No                          |   |                                 |                        |   |
|       | Yes. Describe                        |   |                                 |                        |   |
|       | <del>_</del>                         |   |                                 |                        |   |

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| Debt         | or 1                    | George First Name Middle Name  | Guerrero                            | Case number (if known)         |   |
|--------------|-------------------------|--|-------------------------------------|--------------------------------|---|
| 10           | Cro                     | Pirst Name Middle Name  Dps-either growing or harvested                    | Last Name                           |                                |   |
| 48.          | _                       |  |                                     |                                |   |
|              | 뇓                       | No No Docoribo   |                                     |                                |   |
|              | ш                       | Yes. Describe  |                                     |                                |   |
|              |                         |  |                                     |                                |   |
| 49.          | Far                     | rm and fishing equipment, implements, machi                                | inery, fixtures, and tools of trade |                                |   |
|              | $\overline{\mathbf{A}}$ |  |                                     |                                |   |
|              |                         | Yes. Describe  |                                     |                                |   |
|              | -                       |  |                                     | <u> </u>                       |   |
| 50.          | Far                     | rm and fishing supplies, chemicals, and feed                               |                                     |                                |   |
|              | <b>✓</b>                | No   |                                     |                                |   |
|              |                         | Yes. Describe  |                                     |                                |   |
|              | -                       |  |                                     |                                |   |
| 51.          | Any                     | y farm- and commercial fishing-related proper                              | ty you did not already list         |                                |   |
|              | <b>V</b>                | No   |                                     |                                |   |
|              | Ħ                       | Yes. Describe  |                                     |                                |   |
|              |                         |  |                                     |                                |   |
|              | •                       |  |                                     |                                |   |
|              |                         | he dollar value of all of your entries from Part  . Write that number here |                                     |                                |   |
| IOI Fa       | art O.                  | . Write that number here   |                                     |                                |   |
|              |                         |  |                                     |                                |   |
| Part         | 7.                      | Describe All Property You Own or Ha  | ave an Interest in That You Di      | d Not List Above               |   |
|              |                         | you have other property of any kind you did n                              |                                     | d Not List Above               |   |
|              |                         | amples: Season tickets, country club membership                            |                                     |                                |   |
|              | <b>✓</b>                | No   |                                     |                                |   |
|              |                         | Yes. Give specific   |                                     |                                |   |
|              |                         | information  |                                     |                                |   |
|              |                         |  |                                     |                                |   |
|              |                         |  |                                     |                                |   |
| 54. A        | dd th                   | he dollar value of all of your entries from Part                           | 7. Write that number here           | <b>&gt;</b>                    |   |
|              |                         |  |                                     |                                |   |
|              |                         |  |                                     |                                |   |
| Part         | 8:                      | List the Totals of Each Part of this F                                     | orm                                 |                                | <del>, , , , , , , , , , , , , , , , , , , </del> |
| 55. <b>P</b> | art '                   | 1: Total real estate, line 2   |                                     | <b>&gt;</b>                    |   |
|              |                         |  |                                     |                                |   |
| 56. <b>p</b> | art 2                   | 2 total vehicles, line 5   | \$12050.00                          |                                |   |
| 57. <b>P</b> | art 3                   | 3: Total personal and household items, line 15                             | \$1350.00                           |                                |   |
| 58. <b>P</b> | art 4                   | 1: Total financial assets, line 36   | \$300.00                            |                                |   |
| 59. <b>P</b> | art :                   | 5: Total business-related property, line 45                                | 400000                              |                                |   |
|              |                         | 6: Total farm- and fishing-related property, lin                           |                                     |                                |   |
|              |                         |  |                                     |                                |   |
| 61. <b>F</b> | art 7                   | 7: Total other property not listed, line 54                                |                                     |                                |   |
| 62. <b>T</b> | otal                    | personal property. Add lines 56 through 61                                 | \$13700.00                          |                                | + \$13700.00                                      |
|              |                         |  |                                     | Copy personal property total ▶ |   |
|              |                         |  |                                     |                                | \$13700.00  |
|              | otal                    | of all property on Schedule A/B. Add line 55 + I                           | line 62                             |                                | 1   |

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| Fill in this information to identify your case: |                          |             |                                 |  |  |  |
|---|--------------------------|-------------|---------------------------------|--|--|--|
| Debtor 1  | George<br>First Name     | Middle Name | Guerrero<br>Last Name           |  |  |  |
| Debtor 2<br>(Spouse, if filing                  | n) First Name            | Middle Name | Last Name                       |  |  |  |
| United States B                                 | ankruptcy Court for the: | Northern    | District of Illinois<br>(State) |  |  |  |
| Case number (If known)                          |                          |             | (State)                         |  |  |  |

#### Official Form 106C

#### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Par      | art 1: Identify the Property You Claim as Exempt   |   |   |                                    |  |  |  |  |
|----------|--|---|---|------------------------------------|--|--|--|--|
| 1.<br>2. | Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.  ✓ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  ✓ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)  For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |   |   |                                    |  |  |  |  |
|          | Brief description of the property and line on Schedule A/B that lists this property  | Current value of<br>the portion you<br>own  Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |  |  |  |  |
|          | Brief description: Acura, TSX, 2012 Line from Schedule A/B: 03   | \$12,050.00   | \$0  100% of fair market value, up to any applicable statutory limit      | 735 ILCS 5/12-1001(c)              |  |  |  |  |
|          | Brief description: Chase Line from Schedule A/B: 17  | \$300.00  | \$300.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |  |  |  |  |
| 3.       | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every)  No  Yes. Did you acquire the property coverd  No  Yes   | 3 years after that for ca   |   |                                    |  |  |  |  |

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| Debtor 1 |   |   | Guerrero Case number (if known) Last Name                                 |                                    |
|----------|---|---|---|------------------------------------|
| Part 2:  | Additional Page   | ename   | Last Name   |                                    |
| line     | ef description of the property and<br>e on Schedule A/B that lists this<br>operty | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |
| Line     | ef scription:  Used Furniture e from hedule A/B: 06                               | \$750.00  | \$750.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Line     | ef scription:  Used Clothing e from hedule A/B:  11                               | \$350.00  | \$350.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a)              |
| Line     | ef scription: x1 television; x1 computer e from thedule A/B: 07                   | \$250.00  | \$250.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |

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|              |  |                          |  | _                                 |                       |                                      |
|--------------|--|--------------------------|--|-----------------------------------|-----------------------|--------------------------------------|
| Fill in this | information to identify your case                  | :                        |  |                                   |                       |                                      |
| Debtor 1     | George   |                          | Guerrero   |                                   |                       |                                      |
|              | First Name   | Middle Name              | Last Name  |                                   |                       |                                      |
| Debtor 2     |  |                          |  |                                   |                       |                                      |
| (Spouse,     | if filing) First Name                              | Middle Name              | Last Name  |                                   |                       |                                      |
| United St    | ates Bankruptcy Court for the:                     | Northern                 | District of Illinois   |                                   |                       |                                      |
| Case nun     | nber   |                          | (State)  |                                   |                       |                                      |
| (If known)   |  |                          |  |                                   |                       |                                      |
| Offici       | al Form 106D                                       |                          |  |                                   |                       | Check if this is a<br>amended filing |
| Scho         | dula D. Cradit                                     | ors Who Ha               | ve Claims Secur  | ed by Pro                         |                       | · ·                                  |
|              |  |                          | are filing together, both are equal                                    |                                   | <u> </u>              | 12/1                                 |
| and case     | number (if known).                                 |                          | e entries, and attach it to this forn                                  | n. On the top of any a            | ndditional pages, wri | te your name                         |
| 1. Do a      | any creditors have claims secu                     |                          |  |                                   |                       |                                      |
| 님            |  | •                        | ur other schedules. You have nothing                                   | else to report on this to         | orm.                  |                                      |
|              | Yes. Fill in all of the information by             | below.                   |  |                                   |                       |                                      |
| Part 1:      | List All Secured Claims                            |                          |  |                                   |                       |                                      |
|              |  |                          | ed claim, list the creditor separately                                 | Column A                          | Column B              | Column C                             |
|              | ch as possible, list the claims in                 | •                        | , list the other creditors in Part 2. As<br>ng to the creditor's name. | Amount of claim Do not deduct the | Value of collateral   | Unsecured portion                    |
|              | ·  |                          |  | value of collateral.              | that supports         | If any                               |
| 2.1 AN       | IERICAN HONDA FINANCE                              |                          |  | \$23,395.00                       | \$12,050.00           | \$11,345.00                          |
|              | editor's Name  1 W CAMPUS DR STE C7                | Describe the property    | that secures the claim:  |                                   | <u> </u>              | <u>. ,</u>                           |
|              | Number Street                                      | 073 Automobile           | the eleips in Check all that apply                                     |                                   |                       |                                      |
|              |  | Contingent               | the claim is: Check all that apply.                                    |                                   |                       |                                      |
|              | LINGTON<br>IGHTS Illinois 60004                    | Unliquidated             |  |                                   |                       |                                      |
| City         | / State ZIP Code                                   | Disputed                 |  |                                   |                       |                                      |
| Wi           | no owes the debt? Check one.  Debtor 1 only        | Nature of lien. Check a  | Il that apply.   |                                   |                       |                                      |
|              | Debtor 2 only                                      |                          | nade (such as mortgage or secured                                      |                                   |                       |                                      |
|              | Debtor 1 and Debtor 2 only                         | car loan)                | aa tay lian maahaniala lian)   |                                   |                       |                                      |
| <b>✓</b>     | At least one of the debtors and                    | Judgment lien from a     | as tax lien, mechanic's lien)  |                                   |                       |                                      |
|              | another  Check if this claim relates               | Other (including a rig   |  |                                   |                       |                                      |
|              | to a community debt<br>te debt was <u>4/1/2015</u> | Last 4 digits of accour  |  |                                   |                       |                                      |
| inc          | urred  | vour antries in Column / | ) on this ware. Write that   | \$22,205,00                       |                       |                                      |

number here:

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| Fill                          | in this inform  | nation to identify your cas  | e:  |   |  |                             |                                       |                            |
|-------------------------------|---|--|---|---|--|-----------------------------|---------------------------------------|----------------------------|
| Deb                           | otor 1  | George   |   | Guerrero  |  |                             |                                       |                            |
|                               |   | First Name   | Middle Name   | Last Name   |  |                             |                                       |                            |
|                               | otor 2  | \ First Nic. or a  | M' LH - N   | LastNama  |  |                             |                                       |                            |
| (Sp                           | ouse, ii iiiing   | First Name   | Middle Name   | Last Name   |  |                             |                                       |                            |
| Uni                           | ted States B  | ankruptcy Court for the:   | Northern  | District of Illinois  |  |                             |                                       |                            |
| Car                           | se number   |  |   | (State)   |  |                             |                                       |                            |
|                               | nown)   |  |   |   |  |                             |                                       |                            |
| Of                            | ficial F  | orm 106E/F   |   |   |  | Ch                          | eck if this is ar                     | n amended filing           |
|                               |   |  | ditoro Who  | Hava Haaaa  | urad Claima  |                             |                                       |                            |
| <u> </u>                      | neau  | ile E/F: Cre   | editors who   | nave unsec  | cured Claims   |                             |                                       | 12/15                      |
| 106Å<br>that<br>entri<br>knov | VB) and on<br>are listed in<br>es in the bo<br>vn).       | Schedule G: Executor<br>Schedule D: Creditor<br>exes on the left. Attach                   | y Contracts and Unexpire<br>'s Who Hold Claims Secu | ed Leases (Official Form 1<br>red by Property. If more s<br>o this page. On the top of              | executory contracts on Sch<br>06G). Do not include any cre<br>pace is needed, copy the Pa<br>any additional pages, write | editors with<br>art you nee | n partially sec<br>ed, fill it out, n | cured claims<br>number the |
| 1.                            |   |  | nsecured claims against y                           |   |  |                             |                                       |                            |
| ••                            |   | o to Part 2.   | iooodi od oldiino againot y                         | ou.   |  |                             |                                       |                            |
|                               | Yes.  |  |   |   |  |                             |                                       |                            |
| 2.                            | List all of<br>listed, iden<br>much as po<br>Continuation | tify what type of claim it is<br>ossible, list the claims in<br>on Page of Part 1. If more | s. If a claim has both priority                     | and nonpriority amounts, list<br>g to the creditor's name. If yo<br>particular claim, list the othe |  | n priority and              | d nonpriority ar                      | mounts. As                 |
|                               |   |  |   |   |  | Total claim                 | Priority amount                       | Nonpriority amount         |

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|       |  | errero Case number (if known) Name   |                      |
|-------|--|--|----------------------|
| Part: |  |  |                      |
| 3.    | Do any creditors have nonpriority unsecured claims against you  No. You have nothing to report in this part. Submit this form to the  Yes.   | 1?   |                      |
|       | unsecured claim, list the creditor separately for each claim. For each c   | order of the creditor who holds each claim. If a creditor has more than or claim listed, identify what type of claim it is. Do not list claims already included its in Part 3.If you have more than four priority unsecured claims fill out the Co   | d in Part 1.         |
| 4.1   | Capital One Nonpriority Creditor's Name Po Box 30281 Number Street   | Last 4 digits of account number 1841  When was the debt incurred? 9/1/2014  As of the date you file, the claim is: Check all that apply.   | al claim<br>\$508.00 |
|       | Salt Lake Cty Utah 84130 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No   | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CreditCard   |                      |
| 4.2   | CREDIT ONE BANK NA Nonpriority Creditor's Name PO BOX 98875 Number Street  LAS VEGAS Nevada 89193 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No | Last 4 digits of account number  | \$932.00             |
| 43    | Posne Macys Nonpriority Creditor's Name 9111 Duke Blvd Number Street  Mason Ohio 45040 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt  Is the claim subject to offset?  No      | Last 4 digits of account number 3366  When was the debt incurred? 11/1/2014  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CreditCard | \$354.00             |

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Debtor 1 George Guerrero Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** KOHLS/CAPONE 4.4 \$100.00 Last 4 digits of account number 7610 Nonpriority Creditor's Name PO Box 3004 When was the debt incurred? 12/1/2014 Street Number As of the date you file, the claim is: Check all that apply. Contingent Wisconsin 53201 Milwaukee Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? CreditCard Other. Specify\_ **✓** No Yes SPRINGLEAF FINANCIAL S 4.5 \$9,320.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 3251 When was the debt incurred? 2/1/2016 Number As of the date you file, the claim is: Check all that apply. c/o SARAH A. HOFFMAN Contingent 47731 Evansville Indiana Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Is the claim subject to offset? 042 InstallmentLoan Other. Specify **V** No Yes SYNCB/WALMART 4.6 \$1,014.00 Last 4 digits of account number \_ Nonpriority Creditor's Name PO BOX 981400 When was the debt incurred? 11/1/2015 Number As of the date you file, the claim is: Check all that apply. Contingent **EL PASO** Te<u>xas</u> Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Is the claim subject to offset? Other. Specify \_ CreditCard **✓** No

Yes

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| Debtor 1 | George G   | uerrero  | Case number (if known)  |
|----------|--|----------|---|
|          | First Name Middle Name La                                    | ast Name |   |
| Part 2:  | Your NONPRIORITY Unsecured Claims - Contir                   | nuatio   | n Page  |
| A        | fter listing any entries on this page, number them beginning | g with 4 | 1.5, followed by 4.6, and so forth. Total claim   |
|          | D BANK USA/TARGETCRED  | – Las    | t 4 digits of account number \$199.00   |
| <u>P</u> | lonpriority Creditor's Name<br>O BOX 673                     | _ Wh     | en was the debt incurred? 1/1/2016  |
| N        | lumber Street  | As       | of the date you file, the claim is: Check all that apply.   |
|          | MINNEAPOLIS Minnesota 55440                                  | - □      | Contingent  |
| _        | City State Zip Code  | - 🔲      | Unliquidated  |
| _        | Who incurred the debt? Check one.  Debtor 1 only             |          | Disputed  |
| Ľ        | <b>≟</b>   | Тур      | e of NONPRIORITY unsecured claim:   |
| Ļ        | Debtor 2 only Debtor 1 and Debtor 2 only                     |          | Student loans   |
| Ė        | At least one of the debtors and another                      |          | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
|          | Check if this claim relates to a community debt              |          | Debts to pension or profit-sharing plans, and other similar debts                                       |
| _        | s the claim subject to offset?  No                           | <b>✓</b> | Other. Specify CreditCard   |
|          | <b>7</b> Yes   |          |   |

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Guerrero Debtor 1 George Case number (if known) Middle Name Add the Amounts for Each Type of Unsecured Claim Part 4: Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were \$0.00 intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans 6f. from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$12,427.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

\$12,427.00

6j. Total. Add lines 6f through 6i.

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|                   |                                  |                                | · ·                        |   |                                    |
|-------------------|----------------------------------|--------------------------------|----------------------------|---|------------------------------------|
| Fill in this info | ormation to identify your cas    | e:                             |                            |   |                                    |
| Debtor 1          | George                           |                                | Guerrero                   |   |                                    |
|                   | First Name                       | Middle Name                    | Last Name                  |   |                                    |
| Debtor 2          |                                  |                                |                            |   |                                    |
| (Spouse, if fi    | ling) First Name                 | Middle Name                    | Last Name                  |   |                                    |
| United State      | s Bankruptcy Court for the:      | Northern                       | District of Illinois       |   |                                    |
|                   |                                  |                                | (State)                    |   |                                    |
| Case number       | er                               |                                |                            |   |                                    |
| (If known)        |                                  |                                |                            |   |                                    |
| Officia           | l Form 106G                      |                                |                            |   | Check if this is an amended filing |
| Sched             | ule G: Execut                    | ory Contract                   | s and Unex <sub>l</sub>    | pired Leases  | 12/15                              |
| space is nee      |                                  |                                |                            | oth are equally responsible for supple<br>to this page. On the top of any add |                                    |
| 1. Do you         | have any executory               | contracts or unexpi            | red leases?                |   |                                    |
| ✓ No. 0           | Check this box and file this fo  | orm with the court with your o | other schedules. You have  | re nothing else to report on this form.                                       |                                    |
| Yes.              | Fill in all of the information b | elow even if the contracts of  | r leases are listed on Sca | hedule A/B: Property (Official Form 106                                       | SA/B).                             |
|                   |                                  |                                |                            | e. Then state what each contract or more examples of executory contracts a    |                                    |

State what the contract or lease is for

Person or company with whom you have the contract or lease

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| Fill in t       | this inform         | nation to identify your cas             | e:  |                      |              |          |                         |                             |                      |
|-----------------|---------------------|---|---|----------------------|--------------|----------|-------------------------|-----------------------------|----------------------|
| Debto           | r 1                 | George                                  |   | Guerrero             |              |          |                         |                             |                      |
|                 |                     | First Name                              | Middle Name   | Last Name            | ;            | _        |                         |                             |                      |
| Debto<br>(Spous |                     | First Name                              | Middle Name   | Last Name            | <del></del>  | -        |                         |                             |                      |
| United          | l States Ba         | ankruptcy Court for the:                | Northern  | District of Illinois | 3            |          |                         |                             |                      |
| 0               | . 010100 2          | arm aptoy countries and                 |   | (State               |              | -        |                         |                             |                      |
| Case (If know   | number<br>wn)       |   |   |                      |              | -        |                         |                             |                      |
|                 |                     |   |   |                      |              |          |                         |                             | Check if this is ar  |
| ∩ffi            | cial F              | Form 106H                               |   |                      |              |          |                         |                             | amended filing       |
|                 |                     | <del>-</del>                            |   |                      |              |          |                         |                             |                      |
| Scn             | eaui                | e H: Your Co                            | odeptors  |                      |              |          |                         |                             | 12/1                 |
|                 | r every qu          | uestion.                                | f you are filing a joint case,  |                      |              |          |                         |                             |                      |
|                 | ☐ No Yes            |   |   |                      |              |          |                         |                             |                      |
| 2.              | Idaho, Lo           | uisiana, Nevada, New M<br>Go to line 3. | ou lived in a community p<br>exico, Puerto Rico, Texas, V<br>r spouse, or legal equivalen   | Vashington, and Wis  | consin.)     | nmunit   | y property states and   | <i>territori</i> es include | Arizona, California, |
|                 |                     | No<br>Yes. In which communit            | ty state or territory did you liv   | /e?                  | Fill in th   | he nan   | ne and current addres   | s of that person.           |                      |
|                 |                     | Name of your spouse, for                | ormer spouse, or legal equiv  | valent valent        |              |          |                         |                             |                      |
|                 |                     | Number Street                           |   |                      |              |          |                         |                             |                      |
|                 |                     |   |   |                      |              |          |                         |                             |                      |
|                 |                     | City                                    | State   | 2                    | ip Code      |          |                         |                             |                      |
|                 | again as            | a codebtor only if that                 | lebtors. Do not include yo<br>person is a guarantor on<br>6E/F), or <i>Schedule G</i> (Offi | cosigner. Make su    | ıre you have | listed   | I the creditor on Sci   | hedule D (Officia           | al Form 106D),       |
|                 | Column              | 1: Your codebtor                        |   |                      |              |          | mn 2: The creditor      | ·                           | ve the debt          |
| <u></u>         |                     |   |   |                      |              | Cned     | k all schedules that ap | opiy:                       |                      |
| 3.1             | Irizarry, S<br>Name | Silvia                                  |   |                      |              | <b>✓</b> | Schedule D, line        | 2.1                         |                      |
|                 | INAIIIE             | 301 Victory St.                         |   |                      |              |          | Schedule E/F, line      |                             |                      |
|                 | Number              | Street                                  |   |                      |              |          | Schedule G, line        |                             |                      |
|                 | Waukega             | n                                       | Illinois  | 60085                |              | Ш        | Concodic G, inte        |                             |                      |

Zip Code

State

City

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|  | ,  |  |                            |                 |                      |                         |   |
|--|--|--|----------------------------|-----------------|----------------------|-------------------------|---|
| Fill in this in                              | nformation to identify                             | y your case:   |                            |                 |                      |                         |   |
| Debtor 1                                     | George<br>First Name                               | Middle Name  | Guerr<br>Last N            |                 |                      | -                       |   |
| Debtor 2                                     | riist name   | Middle Name  | Lastr                      | Name            | •                    |                         | Check if this is:   |
| (Spouse, if filin                            | g) First Name                                      | Middle Name  | Last N                     | Name            | )                    | -                       | An amended filing   |
| United States I                              | Bankruptcy Court for the:                          | Northern   | District of II             | linois<br>State |                      | -                       | A supplement showing post-petition chapter 13 expenses as of the following date:                            |
| Case number (If known)                       |  |  |                            |                 | ,                    | -                       | MM / DD / YYYY  |
| Official                                     | Form 106l  |  |                            |                 |                      | <del>'</del>            |   |
|  | le I: Your Inc                                     | come   |                            |                 |                      |                         | 12/1  |
| with you, in<br>include info<br>additional p | clude information<br>ormation about you            | about your spouse. I<br>r spouse. If more spa<br>ame and case number | f you are s<br>ice is need | epa<br>ed,      | rated and attach a s | your spou<br>eparate sh | ng jointly, and your spouse is living se is not filing with you, do not eet to this form. On the top of any |
|  | in your employment ormation.                       |  | Debtor '                   | 1               |                      |                         | Debtor 2  |
|  |  | Employment status  | <b>✓</b> Emplo             | yed             |                      |                         | Employed  |
| job  | ou have more than one<br>,                         |  | Not Er                     | mploy           | /ed                  |                         | Not Employed  |
| info   | ach a separate page with prmation about additional | Occupation   | Warehous                   | e               |                      |                         |   |
|  | ployers.   | Employer's name  | Cardinal I                 | lealt           | h                    |                         |   |
| or   | lude part time, seasonal,<br>f-employed work.      | Employer's address   | 3975 John<br>Number Str    |                 | eek Ct               |                         | Number Street   |
|  | cupation may include<br>dent                       |  |                            |                 |                      |                         |   |
|  | nomemaker, if it applies.                          |  | Suwanee<br>City            |                 | Georgia<br>State     | 30024<br>Zip Code       | City State Zip Code   |
|  |  | How long employed there?   | 2 months                   |                 |                      |                         |   |
| Part 2: Gi                                   | ve Details About                                   | Monthly Income   |                            |                 |                      |                         |   |
| you are separ<br>If you or your              | rated.<br>non-filing spouse have mo                |  |                            | _               |                      |                         | the space. Include your non-filing spouse unless on on the lines below. If you need more space,             |
| allaur a sepa                                | rate sheet to this form.                           |  |                            |                 | For De               | ebtor 1                 | For Debtor 2 or non-filing spouse   |
|  |  | ry, and commissions (befor<br>alculate what the monthly wag          |                            | 2.              |                      | \$3,176.59              |   |
| 3. Estimat                                   | e and list monthly over                            | time pay.  |                            | 3.              |                      | + \$0.00                |   |
| 4. Calcula                                   | <b>te gross income.</b> Add lir                    | ne 2 + line 3.   |                            | 4.              |                      | \$3,176.59              |   |

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| Debtor '                       | 1 George   |   | Guerrero                | Case number                  | (if known)                            |                         |
|--------------------------------|--|---|-------------------------|------------------------------|---------------------------------------|-------------------------|
|                                | First Name   | Middle Name   | Last Name               | For Debtor 1                 | For Debtor 2 or non-filing spouse     |                         |
| Сору                           | line 4 here  |   | 4.                      | \$3,176.59                   |                                       |                         |
| =                              | ıll payroll dedi   | ictions:  |                         |                              |                                       |                         |
|                                |  | and Social Security deductions  | 5a.                     | \$771.85                     |                                       |                         |
|                                |  | ntributions for retirement plans  | 5b.                     | \$0.00                       | -                                     |                         |
|                                |  | ributions for retirement plans  | 5c.                     | \$0.00                       | -                                     |                         |
|                                | -  | yments of retirement fund loans   | 5d.                     | \$0.00                       |                                       |                         |
|                                | nsurance   | yments of retirement runa loans   | 5e.                     | \$0.00                       |                                       |                         |
|                                |  | ort obligations   | 5f.                     | \$0.00                       |                                       |                         |
|                                | Jnion dues   | ort obligations   | 5g.                     | \$0.00                       |                                       |                         |
| •                              |  | ons. Specify:   |                         |                              | <del></del>                           |                         |
|                                |  | ductions. Add lines 5a + 5b + 5c + 5d + 5e  |                         | \$771.85                     |                                       |                         |
| +5h.                           | ile payroll det  | <b>Nactions.</b> Add intes 5a + 5b + 5c + 5d + 5c   | ; +5i + 5g 0.           | Ψ//1.05                      |                                       |                         |
|                                |  | hthly take-home pay. Subtract line 6 from I   | line 4. 7.              | \$2,404.74                   |                                       |                         |
| 8. List a                      | III other incom  | e regularly received:   |                         |                              |                                       |                         |
| b                              | ousiness, prof   | om rental property and from operating a<br>ession, or farm  |                         |                              |                                       |                         |
| re                             |  | ent for each property and business showing<br>y and necessary business expenses, and th<br>me.  |                         | \$0.00                       |                                       |                         |
| 8b. <b>I</b> ı                 | nterest and di   | vidends   | 8b.                     | \$0.00                       | · · · · · · · · · · · · · · · · · · · |                         |
| d<br>Ir                        | lependent reg<br>nclude alimony,                                       | t payments that you, a non-filing spouse<br>ularly receive<br>spousal support, child support, maintenanc<br>nt, and property settlement.  |                         | \$0.00                       |                                       |                         |
|                                |  | t compensation  | 8d.                     | \$0.00                       |                                       |                         |
|                                | Social Security  | •   | 8e.                     | \$0.00                       |                                       |                         |
| 8f. <b>O</b><br>In<br>as<br>th | other governm<br>sclude cash ass<br>ssistance that y<br>se Supplementa | ent assistance that you regularly receive<br>istance and the value (if known) of any non-<br>ou receive, such as food stamps (benefits un<br>all Nutrition Assistance Program) or housing | cash<br>nder            |                              |                                       |                         |
|                                | ubsidies<br>pecify:  |   | 8f.                     | \$0.00                       |                                       |                         |
| 8g. <b>F</b>                   | Pension or ret   | irement income  | <br>8g.                 | \$0.00                       |                                       |                         |
| 8h. <b>C</b>                   | Other monthly  | income. Specify:  | 8h. +                   | \$0.00                       | F                                     |                         |
| 9. <b>Add a</b>                | all other incon  | <b>ne</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8  | 3g + 8h. 9.             | \$0.00                       |                                       |                         |
|                                |  | income. Add line 7 + line 9.<br>ne 10 for Debtor 1 and Debtor 2 or non-filing   | 10.<br>g spouse         | \$2,404.74                   | =                                     | \$2,404.74              |
| Inclu<br>relati                | de contributions<br>ives.  | ular contributions to the expenses that is from an unmarried partner, members of yo   | ur household, your de   | pendents, your roommate      | •                                     |                         |
| _                              |  | amounts already included in lines 2-10 or am  | nounts that are not ava | illable to pay expenses list |                                       | Ф0.00                   |
| Spec                           | жу:  |   |                         |                              | 11                                    | + \$0.00                |
|                                |  | n the last column of line 10 to the amount the Summary of Schedules and Statistical   |                         |                              |                                       | \$2,404.74              |
|                                |  |   |                         |                              |                                       | Combined monthly income |
| 13. <b>Do y</b>                | ou expect an   | increase or decrease within the year after  | er you file this form?  |                              |                                       | -                       |
| <b>✓</b>                       | No.  |   |                         |                              |                                       |                         |
|                                | Yes. Explain:  |   |                         |                              |                                       | 7                       |
|                                |  |   |                         |                              |                                       |                         |

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| Fill in this infor              | mation to identify                                  | vont case.   |                                    |                                  |                         |                                  |               |
|---------------------------------|---|--|------------------------------------|----------------------------------|-------------------------|----------------------------------|---------------|
|                                 | madon to luentily                                   | your case.   |                                    |                                  |                         |                                  |               |
| Debtor 1                        | George<br>First Name                                | Middle Nam   | Guerrero<br>e Last Nar             |                                  |                         |                                  |               |
| Debtor 2                        | riist Name  | Mildule Nam  | e Last Nai                         | ne -                             | Check if this is:       |                                  |               |
| (Spouse, if filing              | g) First Name                                       | Middle Nam   | e Last Nar                         | ne                               | An amended filir        | 200                              |               |
| United States                   | Bankruptcy Court                                    | for the: Northern  | District of Illing                 | ois                              | _                       | nowing post-petitic              | on chanter 13 |
|                                 |   | <u></u>  | (Sta                               | _                                |                         | he following date:               | in chapter 15 |
| (If known)                      |   |  |                                    |                                  |                         |                                  |               |
|                                 |   |  |                                    |                                  | MM / DD / YYY           | Y                                |               |
| Official                        | Form 10   | <u> 165</u>  |                                    |                                  |                         |                                  |               |
| Schedu                          | le J: Yoι   | ır Expenses  |                                    |                                  |                         |                                  | 12/15         |
| information. If (if known). Ans | more space is r<br>swer every ques<br>scribe Your H |  |                                    |                                  |                         |                                  | ımber         |
|                                 |   |  |                                    |                                  |                         |                                  |               |
|                                 | o to line 2   |  |                                    |                                  |                         |                                  |               |
| Yes. D                          | oes Debtor 2 liv                                    | ve in a separate household?  |                                    |                                  |                         |                                  |               |
|                                 | No  |  |                                    |                                  |                         |                                  |               |
|                                 | Yes. Debtor 2                                       | 2 must file Official Forms 106J-2                                  | , Expenses for Separa              | te Household of Debto            | r2.                     |                                  |               |
| 2. Do you hav                   |   | ☐ No   |                                    |                                  |                         |                                  |               |
| Do not list Debtor 2.           | Debtor 1 and  | Yes. Fill out this informati each dependent                        | on for Dependent Debtor 1 or Child | 's relationship to<br>' Debtor 2 | Dependent's age 5 years | Does depend with you?  No.  Yes. | dent live     |
|                                 | penses include                                      |  |                                    |                                  |                         |                                  |               |
| expenses of than                | of people other                                     | No   |                                    |                                  |                         |                                  |               |
| yourself an                     | d your  | Yes  |                                    |                                  |                         |                                  |               |
| dependent                       | is?   |  |                                    |                                  |                         |                                  |               |
| Part 2: Esti                    | mate Your Or  | ngoing Monthly Expens  | es                                 |                                  |                         |                                  |               |
| _                               | of a date after th                                  | of your bankruptcy filing date the bankruptcy is filed. If this is |                                    | • • •                            | •                       | -                                |               |
|                                 | •   | th non-cash government ass cluded it on <i>Schedule I: Your</i>    | •                                  |                                  |                         | Yo                               | ur expenses   |
|                                 | or home owner or the ground or lo                   | rship expenses for your resident. 4.                               | ence. Include first mort           | gage payments and                |                         | 4.                               | \$0.00        |
| If not inc                      | luded in line 4:                                    |  |                                    |                                  |                         |                                  |               |
| 4a. Real e                      | estate taxes  |  |                                    |                                  |                         | 4a                               | \$0.00        |
| 4b. Prope                       | rty, homeowner's,                                   | , or renter's insurance  |                                    |                                  |                         | 4b.                              | \$0.00        |
| 4c. Home                        | maintenance, rep                                    | air, and upkeep expenses   |                                    |                                  |                         | 4c.                              | \$0.00        |
| 4d. Home                        | owner's association                                 | on or condominium dues   |                                    |                                  |                         | 4d                               | \$0.00        |

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Debtor 1

George Guerrero Case number (if known) First Name Middle Name Last Name Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$160.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$210.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$400.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning 9. \$150.00 10. Personal care products and services \$100.00 10. 11. Medical and dental expenses \$80.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$400.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance 15c \$120.00 15d. Other insurance. Specify: \_\_\_ 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$458.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: Non Court Ordered Child Support \$325.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20h 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

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| Debtor 1          | George                 |  | Guerrero                     | Case number (if known) |     |            |
|-------------------|------------------------|--|------------------------------|------------------------|-----|------------|
|                   | First Name             | Middle Name  | Last Name                    |                        |     |            |
| 21.Other          | . Specify:             |  |                              |                        | 21  | \$0.00     |
| 22. <b>Calc</b> u | ılate your monthly e   | expenses.  |                              |                        |     | \$2,403.00 |
| 22a. <i>A</i>     | dd lines 4 through 21  | l.   |                              |                        |     | \$0.00     |
| 22b. C            | Copy line 22 (monthly  | expenses for Debtor 2), if any, fro                                      | om Official Form 106J-2      |                        |     | \$2,403.00 |
| 22c. A            | dd line 22a and 22b.   | The result is your monthly expens  | ses.                         |                        | 22. |            |
| 23.Calcu          | late your monthly n    | et income.   |                              |                        |     |            |
| 23a. C            | Copy line 12 (your con | nbined monthly income) from Sch  | nedule I.                    |                        | 23a | \$2,404.74 |
| 23b. C            | Copy your monthly exp  | enses from line 22 above.  |                              |                        | 23b | \$2,403.00 |
|                   |                        | expenses from your monthly inco  | me.                          |                        |     | \$1.74     |
|                   | The result is your mor | nthly net income.  |                              |                        | 23c |            |
| 24. <b>Do yo</b>  | ou expect an increas   | se or decrease in your expens  | es within the year after you | u file this form?      |     |            |
|                   |                        | ct to finish paying for your car loan<br>ease or decrease because of a n |                              |                        |     |            |
| 1                 | No                     |  |                              |                        |     |            |
|                   | ⁄es                    |  |                              |                        |     |            |
|                   | Explain here           | :  |                              |                        |     |            |
|                   |                        |  |                              |                        |     |            |
|                   |                        |  |                              |                        |     |            |
|                   |                        |  |                              |                        |     |            |
|                   |                        |  |                              |                        |     |            |
|                   |                        |  |                              |                        |     |            |
|                   |                        |  |                              |                        |     |            |

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| Fill in this infor     | Fill in this information to identify your case: |             |                      |  |  |
|------------------------|---|-------------|----------------------|--|--|
| Debtor 1               | George  |             | Guerrero             |  |  |
|                        | First Name                                      | Middle Name | Last Name            |  |  |
| Debtor 2               |   |             |                      |  |  |
| (Spouse, if filin      | g) First Name                                   | Middle Name | Last Name            |  |  |
| United States I        | Bankruptcy Court for the:                       | Northern    | District of Illinois |  |  |
| Case number (If known) |   |             | (State)              |  |  |

#### Official Form 106Dec

| Check if this is an |
|---------------------|
| amended filing      |

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Pai | t1: Sign Below   |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to h                                    | nelp you fill out bankruptcy forms?   |
|     | ☑ No   |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | nd schedules filed with this declaration and  |
|     | •  |   |
| X   | /s/ George Guerrero  | <b>x</b>  |
|     | Signature of Debtor 1  | Signature of Debtor 2   |
|     | Date 9/23/2016   | Date  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |

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|  | formation to identify your case  | e:                            |   |  |  |
|--|--|-------------------------------|---|--|--|
| Debtor 1                               | George   |                               | Guerrero  | )  |  |
|  | First Name   | Middle Name                   | Last Nan  | ne   |  |
| Debtor 2<br>(Spouse, if f              | iling) First Name  | Middle Name                   | Last Nan  | ne e   |  |
| United State                           | es Bankruptcy Court for the:   | Northern                      | District of Illino                                  |  |  |
| Case numbe                             | er   |                               | (Sta  | te)  |  |
| <br>Officia                            | l Form 107   |                               |   |  | Check if this is a amended filing                            |
| Staten                                 | nent of Financ   | ial Affairs fo                | or Individu   | als Filing for Ban   | kruptcv 12/1   |
| uestion.                               | eded, attach a separate she<br>ive Details About Your                      |                               |   |  | ase number (if known). Answer every                          |
| 1. Wha                                 | t is your current marital sta  | atus?                         |   |  |  |
|  | Married<br>Not married   |                               |   |  |  |
|  |  |                               |   |  |  |
| <b>✓</b> 1                             | ng the last 3 years, have you<br>No<br>Yes. List all of the places you I   | ·                             |   |  |  |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | No   | ived in the last 3 years. [   | Do not include where y                              |  | Dates Debtor 2 lived there                                   |
|  | No<br>Yes. List all of the places you l                                    | ived in the last 3 years. Dar | Do not include where y                              | ou live now.   |  |
|  | No<br>Yes. List all of the places you l                                    | ived in the last 3 years. Dar | Do not include where y<br>tes Debtor 1 lived<br>ere | vou live now.  Debtor 2:   | there  |
|  | No<br>Yes. List all of the places you l                                    | ived in the last 3 years. Dar | Do not include where y<br>tes Debtor 1 lived<br>ere | Debtor 2:  Same as Debtor 1  | there  Same as Debtor 1                                      |
|  | No<br>Yes. List all of the places you l                                    | Date the                      | Do not include where y<br>tes Debtor 1 lived<br>ere | Debtor 2:  Same as Debtor 1  | there  Same as Debtor 1  From                                |
|  | No Yes. List all of the places you I  Debtor 1:  Number Street             | Dan the                       | Do not include where y<br>tes Debtor 1 lived<br>ere | Debtor 2:  Same as Debtor 1  Number Street                               | there  Same as Debtor 1  From To                             |
|  | No Yes. List all of the places you I  Debtor 1:  Number Street             | Dan the                       | Do not include where y                              | Debtor 2:  Same as Debtor 1  Number Street  City State                   | there  Same as Debtor 1  From To Zip Code                    |
|  | No Yes. List all of the places you I  Debtor 1:  Number Street  City State | Dar the From To               | Do not include where y                              | Debtor 2:  Same as Debtor 1  Number Street  City State  Same as Debtor 1 | there  Same as Debtor 1  From To  Zip Code  Same as Debtor 1 |

**✓** No

territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

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| Debt   |   | Name Guerre<br>Last Nar   |   | umber (if known)                                       |  |  |
|--------|---|---|---|--|--|--|
| Part   | 2: Explain the Sources of Your  | Income  |   |  |  |  |
| 4.     | Did you have any income from employm Fill in the total amount of income you receive activities. If you are filing a joint case and you No Yes. Fill in the details.   | nent or from operating a builted  | esses, including part-time  |  | ears?  |  |
|        |   | Debtor 1  |   | Debtor 2   |  |  |
|        |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)                           | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)            |  |
|        | From January 1 of current year until the date you filed for bankruptcy:   | Wages, commissions, bonuses, tips Operating a business  | \$11036.37  | Wages, commissions, bonuses, tips Operating a business |  |  |
|        | For last calendar year: (January 1 to December 31, 2015 )   | Wages, commissions, bonuses, tips Operating a business  | \$31697.00  | Wages, commissions, bonuses, tips Operating a business |  |  |
|        | For the calendar year before that: (January 1 to December 31, 2014 )  | Wages, commissions, bonuses, tips Operating a business  | \$29000.00  | Wages, commissions, bonuses, tips Operating a business |  |  |
| l<br>k | Did you receive any other income during include income regardless of whether that incomentity payments; pensions; rental income; incase and you have income that you received dust each source and the gross income from the your second way.  No Yes. Fill in the details. | come is taxable. Examples of<br>nterest; dividends; money colle<br>together, list it only once unde | other income are alimony; chi<br>ected from lawsuits; royalties;<br>r Debtor 1. | and gambling and lottery winn                          |  |  |
|        |   | Debtor 1  |   | Debtor 2   |  |  |
|        |   | Sources of income<br>Describe below.  | Gross income from each source (before deductions and exclusions)                | Sources of income<br>Describe below.                   | Gross income from each source (before deductions and exclusions) |  |
|        | From January 1 of current year until the date you filed for bankruptcy:   |   |   |  |  |  |
|        | For last calendar year: (January 1 to December 31, 2015 ) YYYY  | 1   |   |  |  |  |
|        | For the calendar year before that: (January 1 to December 31, 2014 YYYY   |   |   |  |  |  |
|        |   |   |   |  |  |  |

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| First Name        |                  | Middle Name  | Last Name                     | Case IIu  | IIIDel (II kriowii)              |                           |
|-------------------|------------------|--|-------------------------------|---|----------------------------------|---------------------------|
|                   |                  |  |                               |   |                                  |                           |
| List Cert         | tain Paymer      | nts You Made I                                     | Before You Filed fo           | r Bankruptcy  |                                  |                           |
| e either Debt     | or 1's or Debte  | or 2's debts prima                                 | arily consumer debts?         |   |                                  |                           |
| _                 |                  | -  | -                             |   | 1: 44.11.0.0 0.404(0)            |                           |
|                   |                  | r <b>Debtor 2 has pri</b><br>al, family, or househ |                               | . Consumer debts are define   | ed in 11 U.S.C. § 101(8) as "ind | curred by an individual   |
| During            | the 90 days be   | fore you filed for ba                              | nkruptcy, did you pay any     | creditor a total of \$6,425* or   | more?                            |                           |
| ☐ No              | o. Go to line 7. |  |                               |   |                                  |                           |
| ☐ Y               | total amour      | nt you paid that cred                              | ditor. Do not include paym    | 25* or more in one or more p<br>ents for domestic support ob<br>s to an attorney for this bankr | ligations, such as               |                           |
| * Subje           | ect to adjustmen | nt on 4/01/19 and ev                               | very 3 years after that for c | ases filed on or after the date   | e of adjustment.                 |                           |
| Yes. <b>Debto</b> | r 1 or Debtor 2  | 2 or both have pri                                 | marily consumer debts         | <b>5.</b>   |                                  |                           |
| During            | the 90 days be   | fore you filed for ba                              | nkruptcy, did you pay any     | creditor a total of \$600 or mo   | re?                              |                           |
| ✓ No              | o. Go to line 7. |  |                               |   |                                  |                           |
|                   | es Listhelow e   | each creditor to who                               | m you paid a total of \$600   | or more and the total amour   | nt vou naid                      |                           |
| ш.                |                  |  |                               | port obligations, such as chil  |                                  |                           |
|                   |                  |  | ayments to an attorney for    |   | a sapport a.i.a                  |                           |
|                   |                  |  | Dates of various              | Total ame :   | Amount very still some           | \Moo this resume of       |
|                   |                  |  | Dates of payment              | Total amount paid   | Amount you still owe             | Was this payment for      |
| 0                 |                  |  |                               |   |                                  | Mortgage                  |
| Creditor's N      | vame             |  |                               |   |                                  | Car                       |
| Number St         | reet             |  |                               |   |                                  | Credit card               |
|                   |                  |  |                               |   |                                  | Loan repayme              |
|                   |                  |  |                               |   |                                  | Suppliers or              |
| City              | State            | Zip Code   |                               |   |                                  | vendors                   |
|                   |                  |  |                               |   |                                  | Other                     |
| Creditor's 1      | Name             | _  |                               |   |                                  | Mortgage                  |
| Number Str        | reet             |  |                               |   |                                  | Car                       |
| TAGITIDEI OU      |                  |  |                               |   |                                  | Credit card               |
|                   |                  |  |                               |   |                                  | Loan repayme Suppliers or |
| City              | State            | Zip Code   |                               |   |                                  | vendors                   |
|                   |                  | •  |                               |   |                                  | Other                     |
| Creditor's I      | Name             |  |                               |   |                                  | Mortgage                  |
| Number St         | reet             |  |                               |   |                                  | Car                       |
| inuilibei Sti     | CCI              |  |                               |   |                                  | Credit card               |
|                   |                  |  |                               |   |                                  | Loan repayme Suppliers or |
| City              | State            | Zip Code   |                               |   |                                  | vendors                   |
|                   |                  |  |                               |   |                                  | Other                     |

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| ebtor 1              | George  |  | Gi   | uerrero  | Case number                                | (if known)  |
|----------------------|---|--|--|--|--|---|
|                      | First Name  | Middle Name  | La   | st Name  |  |   |
| Insid<br>corp<br>age | lers include your relati<br>orations of which you | are an officer, director, p<br>ousiness you operate as | s; relatives of any<br>erson in control, o | general partners; par<br>or owner of 20% or mo | tnerships of which yore of their voting se | tho was an insider?  you are a general partner; curities; and any managing omestic support obligations, |
| Y                    | No<br>No list all a second                        | de les Contiden  |  |  |  |   |
| Ц                    | Yes. List all payments                            | to an insider.   | Dates of payment                           | Total amount paid                              | Amount you still owe                       | Reason for this payment   |
|                      | Insider's Name                                    |  |  | <del>-</del> ———                               |  |   |
|                      | Number Street                                     |  |  |  |  |   |
|                      |   |  |  |  |  |   |
| -                    | City Sta  | te Zip Code  |  |  |  |   |
|                      | Insider's Name                                    |  |  |  |  |   |
|                      | Number Street                                     |  |  |  |  |   |
|                      | 0.1   | 7.0.1  |  |  |  |   |
| -                    | City Sta  | te Zip Code  |  |  |  |   |
| Inclu                | ler?<br>de payments on debts<br>No                | guaranteed or cosigned that benefited an insider       | by an insider.                             | y payments of trans                            | iei aliy property c                        | en account of a debt that benefited an  |
| ш                    | Too. Elot all paymonto                            | that borioned arribider.                               | Dates of                                   | Total amount                                   | Amount you                                 | Reason for this payment   |
|                      |   |  | payment                                    | paid   | still owe                                  | Include creditor's name   |
|                      | Insider's Name                                    |  |  |  |  |   |
|                      | Number Street                                     |  |  |  |  |   |
|                      |   |  |  |  |  |   |
| -                    | City Sta  | te Zip Code  |  |  |  |   |
|                      | Insider's Name                                    |  |  |  |  |   |
|                      |   |  |  |  |  |   |
|                      | Number Street                                     |  |  |  |  |   |
|                      |   | te Zip Code  |  |  |  |   |

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| Deb  | tor 1                 | George                                       |                          | Guerrero              |                                  | Case number (if | known)   |                                     |
|------|-----------------------|--|--------------------------|-----------------------|----------------------------------|-----------------|----------|-------------------------------------|
|      |                       | First Name                                   | Middle Name              | Last Name             | е                                |                 |          |                                     |
| Part | 4:                    | Identify Legal Ad                            | tions, Repossessi        | ons, and Forecic      | osures                           |                 |          |                                     |
|      | <b>With</b><br>List a | in 1 year before you                         | filed for bankruptcy, we | re you a party in any | / lawsuit, court action          |                 |          | ng?<br>r custody modifications, and |
|      |                       | No<br>Yes. Fill in the details.              |                          |                       |                                  |                 |          |                                     |
|      |                       |  | ı                        | Nature of the case    | Court or                         | agency          |          | Status of the case                  |
|      |                       | Case title                                   |                          |                       | Court Na                         | me              |          | Pending                             |
|      |                       | Case number                                  |                          |                       |                                  | ilic            |          | On appeal                           |
|      |                       |  |                          |                       | NumberS                          | itreet          | _        | Concluded                           |
|      |                       |  |                          |                       | City                             | State           | Zip Code |                                     |
|      |                       | Case title                                   |                          |                       |                                  |                 |          | Pending                             |
|      |                       | -  |                          |                       | Court Na                         | me              |          | On appeal                           |
|      |                       | Case number                                  |                          |                       | NumberS                          | itreet          |          | Concluded                           |
|      |                       |  |                          |                       | City                             | State           | Zip Code |                                     |
|      |                       | No. Go to line 11.  Yes. Fill in the informa | ation below.             | Describe the          | e property                       |                 | Date     | Value of the property               |
|      |                       | O 15 1 N                                     |                          |                       |                                  |                 |          |                                     |
|      |                       | Creditor's Name                              |                          | Explain wha           | t happened                       |                 |          |                                     |
|      |                       | Number Street                                |                          | — D                   |                                  |                 |          |                                     |
|      |                       |  |                          | = ' '                 | was repossessed. was foreclosed. |                 |          |                                     |
|      |                       |  |                          |                       | was garnished.                   |                 |          |                                     |
|      |                       | City   | State Zip Code           | Property              | was attached, seized             | I, or levied.   |          |                                     |
|      |                       |  |                          | Describe the          | e property                       |                 | Date     | Value of the property               |
|      |                       | Creditor's Name                              |                          |                       |                                  |                 |          |                                     |
|      |                       | -  |                          | Explain wha           | t happened                       |                 |          |                                     |
|      |                       | Number Street                                |                          | Property              | was repossessed.                 |                 |          |                                     |
|      |                       |  |                          |                       | was foreclosed.                  |                 |          |                                     |
|      |                       |  |                          |                       | was garnished.                   |                 |          |                                     |
|      |                       | City   | State Zip Code           | Property              | was attached, seized             | l, or levied.   |          |                                     |

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| Debte | or 1     | George<br>First Name   | Middle Name          | Guerrero<br>Last Name      | Case number (if known)          | -                        |                     |
|-------|----------|--|----------------------|----------------------------|---------------------------------|--------------------------|---------------------|
|       |          | hin 90 days before you filed for<br>ounts or refuse to make a paym   | bankruptcy, did an   | y creditor, including a b  | ank or financial institution, s | set off any amou         | nts from your       |
|       | <b>✓</b> | No<br>Yes. Fill in the details.                                      |                      |                            |                                 |                          |                     |
|       |          |  |                      | Describe the action th     | e creditor took                 | Date action was taken    | Amount              |
|       |          | Creditor's Name  |                      |                            |                                 |                          |                     |
|       |          | Number Street  |                      | Last 4 digits of account r | number: XXXX-                   |                          |                     |
|       |          | City State   | Zip Code             |                            |                                 |                          |                     |
|       |          | hin 1 year before you filed for b<br>ointed receiver, a custodian, o |                      | of your property in the    | possession of an assignee f     | or the benefit of        | creditors, a court- |
|       | <b>✓</b> | No<br>Yes  |                      |                            |                                 |                          |                     |
| Part  |          | List Certain Gifts and Co  |                      |                            |                                 |                          |                     |
| 13.   | Wi<br>✓  | ithin 2 years before you filed for                                   | r bankruptcy, did yo | u give any gifts with a t  | otal value of more than \$600   | per person?              |                     |
|       |          | Yes. Fill in the details for each g                                  |                      |                            |                                 |                          |                     |
|       |          | Gifts with a total value of mor<br>per person                        | e than \$600         | Describe the gifts         |                                 | Dates you gave the gifts | Value               |
|       |          | Person to Whom You Gave the G  | Gift                 |                            |                                 |                          |                     |
|       |          | Number Street  |                      |                            |                                 |                          |                     |
|       |          | City State Person's relationship to you                              | Zip Code             |                            |                                 |                          |                     |
|       |          | Person to Whom You Gave the G  | Sift                 |                            |                                 |                          |                     |
|       |          | Number Street  |                      |                            |                                 |                          |                     |
|       |          | City State Person's relationship to you                              | Zip Code             |                            |                                 |                          |                     |

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| Debt | tor 1    | George                          |              | Middle None         | Guerrero                                   | Case number (if known)                  |                                   |                    |
|------|----------|---------------------------------|--------------|---------------------|--|---|-----------------------------------|--------------------|
|      |          | First Name                      |              | Middle Name         | Last Name                                  |   |                                   |                    |
| 14.  | Wit      | hin 2 years before yo           | u filed for  | bankruptcy, did y   | ou give any gifts or contribut             | tions with a total value of             | more than \$600                   | to any charity?    |
|      | <b>V</b> | No                              |              |                     |  |   |                                   |                    |
|      |          | Yes. Fill in the details        | for each gi  | ft or contribution. |  |   |                                   |                    |
|      | _        | Gifts or contributio            | ns to cha    | rities              | Describe what you contrib                  | buted                                   | Date you                          | Value              |
|      |          | that total more than            | ո \$600      |                     |  |   | contributed                       |                    |
|      |          |                                 |              |                     |  |   |                                   |                    |
|      |          | Charity's Name                  |              |                     |  |   |                                   |                    |
|      |          |                                 |              |                     |  |   |                                   |                    |
|      |          |                                 |              |                     |  |   |                                   |                    |
|      |          | Number Street                   |              | _                   |  |   |                                   |                    |
|      |          |                                 |              |                     |  |   |                                   |                    |
|      |          | City S                          | State        | Zip Code            |  |   |                                   |                    |
| Part | 6:       | List Certain Loss               | ses          |                     |  |   |                                   |                    |
|      |          |                                 |              |                     |  |   |                                   |                    |
| 15.  |          |                                 | filed for b  | ankruptcy or sine   | ce you filed for bankruptcy, di            | d you lose anything beca                | use of theft, fire,               | other disaster, or |
|      | gan      | nbling?                         |              |                     |  |   |                                   |                    |
|      | <b>✓</b> | No                              |              |                     |  |   |                                   |                    |
|      |          | Yes. Fill in the details.       |              |                     |  |   |                                   |                    |
|      |          | Describe the proper             | rty you los  | st and              | Describe any insurance co                  |   | Date of your                      | Value of property  |
|      |          | how the loss occur              | red          |                     | Include the amount that insu               |   | loss                              | lost               |
|      |          |                                 |              |                     | pending insurance claims or A/B: Property. | n line 33 of Scheaule                   |                                   |                    |
|      |          |                                 |              |                     | <i>А</i> О. F10рену.                       |   |                                   |                    |
|      |          |                                 |              |                     |  |   |                                   |                    |
| Part | 7-       | List Certain Payn               | nents or     | Transfers           |  |   |                                   |                    |
|      |          | No<br>Yes. Fill in the details. |              |                     | credit counseling agencies for se          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                   |                    |
|      |          |                                 |              |                     | Description and value of a transferred     | any property                            | Date payment or transfer was made | Amount of payment  |
|      |          | Semrad Law Firm                 |              |                     | Attorney's Fee - 0.00                      |   | 9/23/2016                         | \$0.00             |
|      |          | Person Who Was Pai              | id           | _                   | ,  |   |                                   | <u>**</u>          |
|      |          | 20 South Clark Street           | t 28th Floor | •                   |  |   |                                   |                    |
|      |          | Number Street                   |              |                     |  |   |                                   |                    |
|      |          |                                 |              |                     |  |   |                                   |                    |
|      |          | Chicago II                      | linois       | 60606               |  |   |                                   |                    |
|      |          | City                            | State        | Zip Code            |  |   |                                   |                    |
|      |          | Email or website add            | rocc         |                     |  |   |                                   |                    |
|      |          | None                            | 1622         |                     |  |   |                                   |                    |
|      |          | Person Who Made the             | e Payment,   | if Not You          |  |   |                                   |                    |
|      |          |                                 |              |                     |  |   |                                   |                    |
|      |          | Person Who Was Pai              | id           |                     |  |   |                                   |                    |
|      |          |                                 |              |                     |  |   |                                   |                    |
|      |          | Number Street                   |              |                     |  |   |                                   |                    |
|      |          | -                               |              |                     |  |   |                                   |                    |
|      |          | <u> </u>                        |              |                     |  |   |                                   |                    |
|      |          | City S                          | State        | Zip Code            |  |   |                                   |                    |
|      |          | Email or website add            | ress         |                     |  |   |                                   |                    |
|      |          |                                 |              |                     |  |   |                                   |                    |
|      |          | Person Who Made the             | e Pavment.   | if Not You          |  |   |                                   |                    |

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| Deb | tor 1    | George  |                        | Guerrero                                      | Case number (if known       | )  |                                |
|-----|----------|---|------------------------|---|-----------------------------|--|--------------------------------|
|     |          | First Name  | Middle Name            | Last Name                                     |                             |  |                                |
| 17. | help     | hin 1 year before you filed by you deal with your credito not include any payment or tra  No  Yes. Fill in the details. | ors or to make payment | s to your creditors?                          | our behalf pay or transfer  | any property to any                            | one who promised to            |
|     | ш        | res. I ili ili tre detalis.   |                        |   |                             |  |                                |
|     |          |   |                        | Description and value of transferred          | any property                |  | Amount of payment              |
|     |          | Person Who Was Paid   |                        |   |                             | <del></del> -                                  |                                |
|     |          | Number Street   |                        |   |                             |  |                                |
|     |          | City State  | Zip Code               |   |                             |  |                                |
|     |          | City State  | Zip Code               |   |                             |  |                                |
|     |          | ude both outright transfers an<br>sfers that you have already lis<br>No<br>Yes. Fill in the details.                    |                        |   |                             |  |                                |
|     |          |   |                        | Description and value or property transferred |                             | ny property or<br>received or debts paide<br>e | Date<br>d transfer was<br>made |
|     |          | Person Who Received Trans   | nsfer                  |   |                             |  |                                |
|     |          | Number Street   |                        |   |                             |  |                                |
|     |          | City State Person's relationship to you   | Zip Code               |   |                             |  |                                |
|     |          | Person Who Received Tran  | nsfer                  |   |                             |  |                                |
|     |          | Number Street   |                        |   |                             |  |                                |
|     |          | City State<br>Person's relationship to you  | Zip Code               |   |                             |  |                                |
| 19. |          | hin 10 years before you file<br>ese are often called asset-pro  |                        | ou transfer any property to                   | a self-settled trust or sim | ilar device of which y                         | ou are a beneficiary?          |
|     | <b>✓</b> | No<br>Yes. Fill in the details.   |                        |   |                             |  |                                |
|     | Ц        | res. Fill III the details.  |                        | Description and value                         | of the property transferre  | d  | Date transfer was made         |
|     |          | Name of trust   |                        |   |                             |  |                                |

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| Debt | or 1        | George<br>First Name  | Middle Name                  |                | Guerrero<br>Last Name | Cas                 | se number (if known)                                 |   |  |
|------|-------------|---|------------------------------|----------------|-----------------------|---------------------|--|---|--|
| Part | 8:          | List Certain Financial Acc  |                              | uments         |                       | Boxes. ar           | nd Storage Units                                     |   |  |
| 20.  | With<br>mov | hin 1 year before you filed for bayed, or transferred? ude checking, savings, money man beratives, associations, and other to | ankruptcy, were              | e any finar    | ncial accounts or in  | struments           | held in your name, or f                              | -   |  |
|      | <b>✓</b>    | No<br>Yes. Fill in the details.   |                              | Last 4 numbe   | digits of account     | Type o              | of account or<br>ment                                | Date<br>account was<br>closed, sold,<br>moved, or | Last balance<br>before<br>closing or<br>transfer |
|      |             | Person Who Was Paid  Number Street  |                              | XXXX-          |                       | S                   | hecking<br>avings<br>oney market                     | transferred                                       |  |
|      |             | City State  | Zip Code                     | 2000           |                       |                     | rokerage<br>ther                                     |   |  |
|      |             | Person Who Was Paid  Number Street  |                              | XXXX-          |                       | ☐ Sa<br>☐ M<br>☐ Ba | hecking<br>avings<br>oney market<br>rokerage<br>ther |   |  |
|      |             | City State  you now have, or did you have ver valuables?  No Yes. Fill in the details.  | Zip Code<br>vithin 1 year be | fore you f     | iled for bankruptcy   | any safe d          | leposit box or other de                              | pository for secur                                | ities, cash, or                                  |
|      |             |   |                              | Who else       | e had access to it?   |                     | Describe the cont                                    | ents  | Do you still have it?                            |
|      |             | Name of Financial Institution  Number Street  |                              | Name<br>Number | Street                |                     |  |   | ☐ No<br>☐ Yes                                    |
|      |             |   | Zip Code                     | City           |                       | Zip Code            |  |   |  |
| 22.  | _           | e you stored property in a stora  No  Yes. Fill in the details.   | ge unit or plac              | e other tha    | an your home withi    | n 1 year be         | fore you filed for bank                              | ruptcy?   |  |
|      |             | res. I ili ili tito details.  |                              | Who else       | had access to it?     |                     | Describe the cont                                    | ents  | Do you still have it?                            |
|      |             | Name of Storage Facility  |                              | Name           |                       |                     |  |   | ☐ No☐ Yes  |
|      |             | Number Street   |                              | Number<br>City | Street State          | Zip Code            |  |   |  |
|      |             | City State 2  | Zip Code                     |                |                       |                     |  |   |  |

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| btor 1   |  | Gu   | st Name  |                                   |   |                |
|----------|--|--|--|-----------------------------------|---|----------------|
|          | First Name Middle Name   | Las  |  |                                   |   |                |
| rt 9:    | <b>Identify Property You Hold or Cont</b>  | rol for Some   | one Else   |                                   |   |                |
|          |  |  |  |                                   |   |                |
|          | o you hold or control any property that somed<br>omeone.   | one else owns?   | Include any  | property you b                    | orrowed from, are storing for, or hold i                                    | n trust for    |
| 50       | omeone.  |  |  |                                   |   |                |
| <b>✓</b> | <b>/</b> No  |  |  |                                   |   |                |
|          | Yes. Fill in the details.  |  |  |                                   |   |                |
|          |  | Where is the   | e property?  |                                   | Describe the contents   | Value          |
|          |  |  |  |                                   |   |                |
|          | Owner's Name   | Number Stree   | et   |                                   |   |                |
|          |  |  |  |                                   |   |                |
|          | Number Street  |  |  |                                   |   |                |
|          |  |  |  |                                   |   |                |
|          |  | City   | State  | Zip Code                          |   |                |
|          | City State Zip Code  |  |  |                                   |   |                |
|          | ,  |  |  |                                   |   |                |
| t 10     | Give Details About Environmental   | Information  |  |                                   |   |                |
| r the    | e purpose of Part 10, the following definitions apply  | <i>/</i> :   |  |                                   |   |                |
|          |  |  |  |                                   |   |                |
|          | Environmental law means any federal, state, or lo  | -  | •  | • .                               |   |                |
|          | hazardous or toxic substances, wastes, or material including statutes or regulations controlling the cl  |  |  | , 0                               | •   |                |
|          | including statutes of regulations controlling the ci   | earlup or triese's   | oubstatices, w   | rasies, or materia                | ai.   |                |
|          | Site means any location, facility, or property as def  | •  | nvironmental   | law, whether you                  | now own, operate, or utilize it   |                |
|          | or used to own, operate, or utilize it, including dis  | posal sites.   |  |                                   |   |                |
|          |  |  |  |                                   |   |                |
|          | Hazardous material means anything an environment   | ental law defines  | as a hazardo   | us waste, hazard                  | ous substance,  |                |
|          | Hazardous material means anything an environmentoxic substance, hazardous material, pollutant, co  |  |  | us waste, hazard                  | ous substance,  |                |
|          | toxic substance, hazardous material, pollutant, co   | ontaminant, or sim   | nilar term.  |                                   | ous substance,  |                |
|          | , -  | ontaminant, or sim   | nilar term.  |                                   | ous substance,  |                |
| eport    | toxic substance, hazardous material, pollutant, co   | ontaminant, or sim   | nilar term.<br>Iless of when   | they occurred.                    |   |                |
| port     | toxic substance, hazardous material, pollutant, co   | ontaminant, or sim   | nilar term.<br>Iless of when   | they occurred.                    |   |                |
| port     | toxic substance, hazardous material, pollutant, co<br>t all notices, releases, and proceedings that you kn<br>as any governmental unit notified you that yo<br>No  | ontaminant, or sim   | nilar term.<br>Iless of when   | they occurred.                    |   |                |
| port     | toxic substance, hazardous material, pollutant, co<br>t all notices, releases, and proceedings that you kn<br>as any governmental unit notified you that yo  | ontaminant, or sim   | nilar term.<br>Iless of when   | they occurred.                    |   |                |
| port     | toxic substance, hazardous material, pollutant, co<br>t all notices, releases, and proceedings that you kn<br>as any governmental unit notified you that yo<br>No  | ontaminant, or sim   | nilar term.<br>Iless of when<br>or potential   | they occurred.                    |   | Date of        |
| port     | toxic substance, hazardous material, pollutant, co<br>t all notices, releases, and proceedings that you kn<br>as any governmental unit notified you that yo<br>No  | ontaminant, or simon about, regard bu may be liable  | nilar term.<br>Iless of when<br>or potential   | they occurred.                    | or in violation of an environmental law?                                    |                |
| port     | toxic substance, hazardous material, pollutant, control tall notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have a hard   | ontaminant, or simow about, regard ou may be liable  Government  | nilar term.  Iless of when  or potential  tal unit   | they occurred.                    | or in violation of an environmental law?                                    | Date of        |
| port     | toxic substance, hazardous material, pollutant, co<br>t all notices, releases, and proceedings that you kn<br>as any governmental unit notified you that yo<br>No  | ontaminant, or simon about, regard bu may be liable  | nilar term.  Iless of when  or potential  tal unit   | they occurred.                    | or in violation of an environmental law?                                    | Date of        |
| port     | toxic substance, hazardous material, pollutant, control tall notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have a hard   | ontaminant, or simow about, regard ou may be liable  Government  | nilar term.  Illess of when  or potential  tal unit  | they occurred.                    | or in violation of an environmental law?                                    | Date of        |
| port     | toxic substance, hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have you | ontaminant, or simple on taminant, or simple on the simple of the simple | nilar term.  Illess of when  or potential  tal unit  | they occurred.                    | or in violation of an environmental law?                                    | Date of        |
| port     | toxic substance, hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have you | Governmenta  Number Stree  | nilar term.  Illess of when  or potential  tal unit  | they occurred.                    | or in violation of an environmental law?                                    | Date of        |
| port     | toxic substance, hazardous material, pollutant, contains all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have a hazardous material, pollutant, contains a hazardous material, poll | ontaminant, or simple on taminant, or simple on the simple of the simple | nilar term.  Illess of when  or potential  tal unit  | they occurred.                    | or in violation of an environmental law?                                    | Date of        |
| port     | toxic substance, hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have a hazardous material, pollutant, control and notices, releases, and proceedings that you know as any governmental unit notified you that you have you | Governmenta  Number Stree  | nilar term.  Illess of when  or potential  tal unit  | they occurred.                    | or in violation of an environmental law?                                    | Date of        |
| Ha       | toxic substance, hazardous material, pollutant, contains and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have you | Governmenta  Number Stree  City  | nilar term.  Illess of when  or potential  tal unit  al unit  et  State                    | they occurred.  Iy liable under o | or in violation of an environmental law?                                    | Date of        |
| Ha       | toxic substance, hazardous material, pollutant, contains all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have a hazardous material, pollutant, contains a hazardous material, poll | Governmenta  Number Stree  City  | nilar term.  Illess of when  or potential  tal unit  al unit  et  State                    | they occurred.  Iy liable under o | or in violation of an environmental law?                                    | Date of        |
| Ha       | toxic substance, hazardous material, pollutant, contains and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have as any governmental unit notified you that you have you | Governmenta  Number Stree  City  | nilar term.  Illess of when  or potential  tal unit  al unit  et  State                    | they occurred.  Iy liable under o | or in violation of an environmental law?                                    | Date of        |
| Ha       | toxic substance, hazardous material, pollutant, contains and proceedings that you know as any governmental unit notified you that you have you have you have you have you have you notified any governmental unit of any state.  | Governmenta  Number Stree  City  | nilar term.  Illess of when  or potential  tal unit  al unit  et  State                    | they occurred.  Iy liable under o | or in violation of an environmental law?                                    | Date of        |
| Ha       | toxic substance, hazardous material, pollutant, contains all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any   | Governmenta  Number Street  City   | nilar term.  Illess of when  or potential  tal unit  al unit  State  State                 | they occurred.  Iy liable under o | or in violation of an environmental law?  Environmental law, if you know it | Date of notice |
| Ha       | toxic substance, hazardous material, pollutant, contains all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any   | Governmenta  Number Stree  City  | nilar term.  Illess of when  or potential  tal unit  al unit  State  State                 | they occurred.  Iy liable under o | or in violation of an environmental law?                                    | Date of        |
| Ha       | toxic substance, hazardous material, pollutant, contains all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any   | Governmenta  Number Street  City   | nilar term.  Illess of when  or potential  tal unit  al unit  State  State                 | they occurred.  Iy liable under o | or in violation of an environmental law?  Environmental law, if you know it | Date of notice |
| Ha       | toxic substance, hazardous material, pollutant, contains all notices, releases, and proceedings that you know as any governmental unit notified you that you have as any governmental unit notified you that you have yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any   | Governmenta  Number Street  City   | nilar term.  Illess of when  or potential  tal unit  al unit  State  ardous mate           | they occurred.  Iy liable under o | or in violation of an environmental law?  Environmental law, if you know it | Date of notice |
| Ha       | toxic substance, hazardous material, pollutant, contained and proceedings that you know as any governmental unit notified you that you have you. No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any Yes. Fill in the details.  No Yes. Fill in the details.   | Government  Government  Governmenta  Number Street  City  Governmenta  Governmenta   | nilar term.  Illess of when  or potential  tal unit  al unit  State  ardous mate  tal unit | they occurred.  Iy liable under o | or in violation of an environmental law?  Environmental law, if you know it | Date of notice |
| Ha       | toxic substance, hazardous material, pollutant, contained and proceedings that you know as any governmental unit notified you that you have you. No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any Yes. Fill in the details.   | Government  City  Government  Government  Gity  Government   | nilar term.  Illess of when  or potential  tal unit  al unit  State  ardous mate  tal unit | they occurred.  Iy liable under o | or in violation of an environmental law?  Environmental law, if you know it | Date of notice |
| Ha       | toxic substance, hazardous material, pollutant, contained and proceedings that you know as any governmental unit notified you that you have you. No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any Yes. Fill in the details.  No Yes. Fill in the details.   | Governmenta  Governmenta  Governmenta  Governmenta  Number Street  Governmenta  Number Street  | nilar term.  Illess of when  or potential  tal unit  et  State  ardous mate  tal unit      | zip Code                          | or in violation of an environmental law?  Environmental law, if you know it | Date of notice |
| Ha       | toxic substance, hazardous material, pollutant, contained and proceedings that you know as any governmental unit notified you that you have you. No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any Yes. Fill in the details.  No Yes. Fill in the details.   | Government  Government  Governmenta  Number Street  City  Governmenta  Governmenta   | nilar term.  Illess of when  or potential  tal unit  al unit  State  ardous mate  tal unit | they occurred.  Iy liable under o | or in violation of an environmental law?  Environmental law, if you know it | Date of notice |
| Ha       | toxic substance, hazardous material, pollutant, contained and proceedings that you know as any governmental unit notified you that you have you. No Yes. Fill in the details.  Name of site  Number Street  City State Zip Code  ave you notified any governmental unit of any Yes. Fill in the details.  No Yes. Fill in the details.   | Governmenta  Governmenta  Governmenta  Governmenta  Number Street  Governmenta  Number Street  | nilar term.  Illess of when  or potential  tal unit  et  State  ardous mate  tal unit      | zip Code                          | or in violation of an environmental law?  Environmental law, if you know it | Date of notice |

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| Deb  | tor 1    | George                |                |                         | Guerrero                        | Case                  | e number (if known)                   |                |
|------|----------|-----------------------|----------------|-------------------------|---------------------------------|-----------------------|---------------------------------------|----------------|
|      |          | First Name            |                | Middle Name             | Last Name                       |                       |                                       |                |
| 26.  | Hav      | e vou been a narty    | , in any judic | rial or administra      | tive proceeding under           | any environment       | al law? Include settlements and order | re             |
| 20.  | пач      | e you been a party    | in any judic   | Jai Or auministra       | live proceeding under           | any environment       | al law? include settlements and order | 15.            |
|      | <b>✓</b> | No                    |                |                         |                                 |                       |                                       |                |
|      | П        | Yes. Fill in the deta | ils.           |                         |                                 |                       |                                       |                |
|      | _        |                       |                | (                       | Court or agency                 |                       | Nature of the case                    | Status of the  |
|      |          |                       |                | •                       | Jourt of agency                 |                       | reduce of the base                    | case           |
|      |          | Case title            |                |                         |                                 |                       |                                       |                |
|      |          |                       |                |                         |                                 |                       |                                       | Pending        |
|      |          |                       |                |                         | Court Name                      |                       |                                       |                |
|      |          |                       |                | <del></del>             |                                 |                       |                                       | On appeal      |
|      |          | Case number           |                | Γ                       | Number Street                   |                       |                                       | Concluded      |
|      |          |                       |                | _                       |                                 |                       |                                       |                |
|      |          |                       |                | (                       | City State                      | Zip Code              |                                       |                |
| Dowl | 44.      | Cive Details A        | hout Vour      | Business or             | Connections to Ar               | v Business            |                                       |                |
| Fall | 11:      | Give Details A        | bout four      | Dusiliess of            | Connections to Ar               | iy busilless          |                                       |                |
| 27.  | \//i+l   | hin 4 years before    | you filed for  | hankruntev did v        | vou own a business or           | have any of the f     | ollowing connections to any busines   | e?             |
| 21.  | WILL     | illii 4 years belore  | you med for    | bankiupicy, did y       | you own a business or           | nave any or the r     | ollowing connections to any busines   | 5:             |
|      |          | A sole propriet       | tor or self-em | oloved in a trade, p    | rofession, or other activit     | v, either full-time o | r part-time                           |                |
|      |          |                       |                |                         | or limited liability partner    |                       |                                       |                |
|      |          |                       |                | ty company (LLC)        | or inflited liability partities | Silip (LLI )          |                                       |                |
|      |          | A partner in a        |                |                         |                                 |                       |                                       |                |
|      |          |                       |                | ging executive of a     |                                 |                       |                                       |                |
|      |          | An owner of at        | least 5% of t  | he voting or equity     | securities of a corporation     | n                     |                                       |                |
|      |          | No. No. of the ob-    |                | na ta Baril 40          |                                 |                       |                                       |                |
|      | 띹        | No. None of the abo   |                |                         |                                 |                       |                                       |                |
|      | Ш        | Yes. Check all that   | apply above a  | and fill in the details | below for each business         |                       |                                       |                |
|      |          |                       |                |                         | Describe the natu               | ire of the busines    | Employer Identification i             | number Do not  |
|      |          |                       |                |                         |                                 |                       | include Social Security n             | umber or ITIN. |
|      |          |                       |                |                         |                                 |                       | EIN:                                  |                |
|      |          | Business Name         |                |                         | _                               |                       | LIIV.                                 |                |
|      |          |                       |                |                         |                                 |                       |                                       |                |
|      |          | Number Street         |                |                         | _                               |                       | Dates business existed                |                |
|      |          |                       |                |                         | Name of account                 | ant or bookkeepe      | er                                    |                |
|      |          | City                  | State          | Zip Code                | _                               |                       | From To                               |                |
|      |          | Ony                   | Oldio          | 2.p 0000                |                                 |                       |                                       |                |
|      |          |                       |                |                         |                                 |                       |                                       |                |
|      |          |                       |                |                         |                                 |                       |                                       |                |
|      |          |                       |                |                         | Describe the natu               | re of the busines     |                                       |                |
|      |          |                       |                |                         |                                 |                       | include Social Security n             | umber or ITIN. |
|      |          |                       |                |                         |                                 |                       | EIN:                                  |                |
|      |          | Business Name         |                |                         | _                               |                       | F11.4.                                |                |
|      |          |                       |                |                         |                                 |                       |                                       |                |
|      |          | Number Street         |                |                         | _                               |                       | Dates business existed                |                |
|      |          |                       |                |                         | Name of account                 | ant or bookkeepe      | er                                    |                |
|      |          | City                  | Ctoto          | Zin Codo                | _                               |                       | From To                               |                |
|      |          | City                  | State          | Zip Code                |                                 |                       |                                       |                |
|      |          |                       |                |                         |                                 |                       |                                       |                |
|      |          |                       |                |                         |                                 |                       |                                       |                |
|      |          |                       |                |                         | Describe the natu               | re of the busines     | ss Employer Identification i          | number Do not  |
|      |          |                       |                |                         | Describe the nate               |                       | include Social Security n             |                |
|      |          |                       |                |                         |                                 |                       |                                       |                |
|      |          | Business Name         |                |                         | -                               |                       | EIN:                                  |                |
|      |          | Dusiness Maine        |                |                         |                                 |                       |                                       |                |
|      |          | New teas Of the       |                |                         |                                 |                       | Dates business existed                |                |
|      |          | Number Street         |                |                         | Name of account                 | ant or bookkeene      |                                       |                |
|      |          |                       |                |                         | _                               |                       |                                       |                |
|      |          | City                  | State          | Zip Code                |                                 |                       | FromTo                                |                |
|      |          |                       |                |                         |                                 |                       |                                       |                |
|      |          |                       |                |                         |                                 |                       |                                       |                |
|      |          |                       |                |                         |                                 |                       |                                       |                |

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| Debto  | or 1  | George   |             |   | Guerrero                     | Case number (if known)   |
|--------|-------|--|-------------|---|------------------------------|--|
|        |       | First Name   |             | Middle Name                                   | Last Name                    |  |
|        |       | nin 2 years before yo<br>litors, or other partie<br>No<br>Yes. Fill in the details | es.         | oankruptcy, did you                           | ı give a financial statemer  | nt to anyone about your business? Include all financial institutions,  |
|        | ш     | res. I ili ili ti le detalis   | Delow.      |   |                              |  |
|        |       |  |             |   | Date issued                  |  |
|        |       | Name   |             |   | MM/DD/YYYY                   |  |
|        |       | Name   |             |   | IVIIVI/DD/TTTT               |  |
|        |       | Number Street  |             |   |                              |  |
|        |       | Number Street  |             |   |                              |  |
|        |       | City   | State       | Zip Code                                      |                              |  |
|        |       | - Oity   | Olaic       | Zip oodc                                      |                              |  |
| Part ' | 12:   | Sign Below   |             |   |                              |  |
| tr     | rue a | and correct. I unders ruptcy case can resu   | tand that m | naking a false state<br>p to \$250,000, or in | ment, concealing propert     | nts, and I declare under penalty of perjury that the answers are y, or obtaining money or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|        |       | Signature  | of Debtor 1 | -   |                              | Signature of Debtor 2  |
|        |       |  |             |   |                              | Date   |
|        |       | Date 9/2   | 23/2016     |   |                              |  |
| D      | id y  | ou attach additional   | pages to Y  | our Statement of F                            | inancial Affairs for Indivi  | duals Filing for Bankruptcy (Official Form 107)?   |
| _      | _     |  |             |   |                              | ,  |
| Ŀ      | ١.    | No   |             |   |                              |  |
| L      | Y     | ⁄es  |             |   |                              |  |
| D      | id y  | ou pay or agree to p   | ay someon   | e who is not an atto                          | orney to help you fill out b | ankruptcy forms?   |
| Ę      | 7 N   | No   |             |   |                              |  |
| Ē      | ╡╷    | es. Name of person   |             |   |                              | Attach the Bankruptcy Petition Preparer's Notice,  |
| _      |       |  |             |   |                              | Declaration, and Signature (Official Form 119).  |

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| Fill in this info      | rmation to identify your cas | e:          |                      |  |
|------------------------|------------------------------|-------------|----------------------|--|
| Debtor 1               | George                       |             | Guerrero             |  |
|                        | First Name                   | Middle Name | Last Name            |  |
| Debtor 2               |                              |             |                      |  |
| (Spouse, if filing     | <sup>ng)</sup> First Name    | Middle Name | Last Name            |  |
| United States          | Bankruptcy Court for the:    | Northern    | District of Illinois |  |
| Case number (If known) |                              |             | (State)              |  |

Check if this is an amended filing

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

| 1. | For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. |  |   |  |  |  |
|----|---|--|---|--|--|--|
|    | Identify the creditor and the property that is collateral   | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |  |  |  |
|    | Creditor's name: AMERICAN HONDA FINANCE  Description of property securing debt: 073 Automobile  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. ✓ Yes.  |  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |  |

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| Debtor          | George  |                        | Guerrero                  | Case number (if  |
|-----------------|---|------------------------|---------------------------|--|
| 1               | First Name  | Middle Name            | Last Name                 | known)   |
| iot Vou         | u Unavaired Deres   | and Dramorty Langua    |                           | Part 2:  |
| For any informa | unexpired personal pro<br>tion below. Do not list re      |                        | eases are leases that are | y Contracts and Unexpired Leases (Official Form 106G), fill in the re still in effect; the lease period has not yet ended. You may assume 365(p)(2). |
| Des             | scribe your unexpired pe                                  | rsonal property leases |                           | Will the lease be assumed?   |
| Les             | sor's name:   |                        |                           | No Yes   |
|                 | scription of leased<br>perty:                             |                        |                           |  |
| Les             | sor's name:   |                        |                           | No Yes   |
|                 | scription of leased<br>perty:                             |                        |                           |  |
| Les             | sor's name:   |                        |                           | No Yes   |
|                 | scription of leased<br>perty:                             |                        |                           |  |
| Les             | sor's name:   |                        |                           | No Yes   |
|                 | scription of leased<br>perty:                             |                        |                           |  |
| Les             | sor's name:   |                        |                           | No Yes   |
|                 | scription of leased<br>perty:                             |                        |                           |  |
| Les             | sor's name:   |                        |                           | No Yes   |
|                 | scription of leased<br>perty:                             |                        |                           |  |
| Les             | sor's name:   |                        |                           | No Yes   |
|                 | scription of leased<br>perty:                             |                        |                           |  |
|                 | Sign Below  |                        |                           |  |
|                 | er penalty of perjury, I de<br>erty that is subject to ar |                        | y intention about any pr  | roperty of my estate that secures a debt and any personal  |
| ×               | /s/ George Guerrero                                       |                        | *                         |  |
| Si              | ignature of Debtor 1                                      |                        | Sign                      | nature of Debtor 1   |
| D               | ate <b>9/23/2016</b>                                      |                        | Date                      | te   |
|                 | MM/DD/YYYY  |                        |                           | MM/DD/YYYY   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes:
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft:
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total foo          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1345.00 attorney fees plus any necessary postpetition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$30.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

Initial:

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the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 9/23//16

Client

Client

Attorney

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B 203 (12/94)

#### **UNITED STATES BANKRUPTCY COURT**

|        |  | Northern Distric                        | ct of Illinois   |                                |
|--------|--|---|--|--------------------------------|
| n re _ | George Guerrero  |   | Case No.   |                                |
|        | Debtor   |   | Chantan  | (If known)                     |
|        |  |   | Chapter  | Chapter 7                      |
|        | DISCLOSURE OF  | COMPENSATION                            | N OF ATTORNEY FO   | OR DEBTOR                      |
| 1.     | Pursuant to 11 U.S.C. § 329(a) and that compensation paid to me with services rendered or to be rendere is as follows: | in one year before the filing           | of the petition in bankruptcy, or a                                      | agreed to be paid to me, for   |
|        | For legal services, I have agreed t  | o accept                                |  | \$1,345.00                     |
|        | Prior to the filing of this statement  | I have received                         |  | \$0.00                         |
|        | Balance Due  |   |  | \$1,345.00                     |
| 2.     | The source of the compensation pa  | aid to me was:                          |  |                                |
|        | Debtor   | Other (specify                          | <b>(</b> )   |                                |
| 3.     | The source of the compensation pa  | aid to me is:                           |  |                                |
|        | Debtor   | Other (specify                          | ·)   |                                |
| 4.     | I have not agreed to share the members and associates of m   | above-disclosed compensa<br>y law firm. | tion with any other person unles   | s they are                     |
|        |  | law firm. A copy of the agre            | with a other person or persons we<br>eement, together with a list of the |                                |
| 5.     | In return for the above-disclosed for a. Analysis of the debtor's final bankruptcy;                                    | _                                       | legal service for all aspects of the gadvice to the debtor in determine  |                                |
|        | b. Preparation and filing of an  | y petition, schedules, staten           | nents of affairs and plan which m  | nay be required;               |
|        | c. Representation of the debto   | or at the meeting of creditors          | and confirmation hearing, and a  | ny adjourned hearings thereof; |
| 6.     | By agreement with the debtor(s), the   | ne above-disclosed fee does             | s not include the following service                                      | es:                            |
|        |  |   |  |                                |
|        |  | CERTIFICA                               | ATION  |                                |
|        | certify that the foregoing is a comple debtor(s) in this bankruptcy proce  |   | ement or arrangement for payme   | nt to me for representation    |
|        | 9/23/2016  |   | /s/ Nathan Delman  |                                |
|        | Date   |   | Signature of Attorney  |                                |
|        |  |   | Semrad Law Firm  |                                |
|        |  |   | Name of law firm   |                                |

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re: | Guerrero, George                           | Case No.                               | Case No.                       |                |  |  |
|--------|--|--|--------------------------------|----------------|--|--|
| _      | Debtor(s)                                  |  |                                |                |  |  |
|        |  | Chapter.                               | Chapter7                       |                |  |  |
|        | VERIFICATION OF CREDITOR MATRIX            |  |                                |                |  |  |
|        | The above named Debtors hereby verify that | the attached list of creditors is true | and correct to the best of the | eir knowledge. |  |  |
| Date:  | 9/23/2016                                  | /s/ Guerrero, Geo                      | roo                            |                |  |  |
| Jale   | 9/23/2016                                  | Guerrero, George                       | <u> </u>                       |                |  |  |
|        |  | Signature of Debt                      |                                |                |  |  |

AMERICAN HONDA FINANCE 601 W CAMPUS DR STE C7 ARLINGTON HEIGHTS , IL 60004 USA

SPRINGLEAF FINANCIAL S PO Box 3251 c/o MELISSA S. FRYMIRE Evansville , IN 47731 USA

SYNCB/WALMART PO BOX 981400 EL PASO , TX 79998 USA

CREDIT ONE BANK NA PO BOX 98875 LAS VEGAS , NV 89193 USA

Capital One PO Box 71083 POC Notice: Amanda Matchett Charlotte , NC 28272 USA

DSNB MACYS 9111 Duke Blvd Mason , OH 45040 USA

TD BANK USA/TARGETCRED PO BOX 673 MINNEAPOLIS , MN 55440 USA

KOHLS/CAPONE PO Box 3004 Milwaukee , WI 53201 USA Case 16-30378 Doc 1 Filed 09/23/16 Entered 09/23/16 15:12:54 Desc Main Document Page 59 of 64

| Debtor 1 George   |   |  | number (if known)  |   |
|---|---|--|--|---|
| First Name  | Middle Name La<br>Lestions for Reporting Purpos   | est Name   |  |   |
| Part 6: Answer These Qu<br>16. What kind of debts<br>do you have?   | 16a. Are your debts primarily 101(8) as "incurred by an  ☐ No. Go to line 16b. ☐ Yes. Go to line 17. 16b. Are your debts primarily  | r consumer debts? Constitution of the consumer debts? Constitution of the constitution | ersonal, family, ones of the second s | or household purpose."  ots that you incurred to of the business or   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | paid that funds will be availat  ✓ No.  ☐ Yes.  |  |  | ed and administrative expenses are  |
| 18. How many creditors do you estimate that you owe?  | ☑ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   |  | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |
| 19. How much do you estimate your assets to be worth?   | ✓ \$0-\$50,000  ☐ \$50,001-\$100,000  ☐ \$100,001-\$500,000  ☐ \$500,001-\$1 million  | \$1,000,001-\$10 m \$10,000,001-\$50 r \$50,000,001-\$100 \$100,000,001-\$50   | million  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion  |
| 20. How much do you estimate your liabilities to be?  | ✓ \$0-\$50,000  ☐ \$50,001-\$100,000  ☐ \$100,001-\$500,000  ☐ \$500,001-\$1 million  | \$1,000,001-\$10 m \$10,000,001-\$50 r \$50,000,001-\$100 \$100,000,001-\$50   | million  | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion  |
| Part 7: Sign Below  |   |  |  |   |
| For you   | I have examined this petition, a and correct.  If I have chosen to file under C 11,12, or 13 of title 11, United 3 choose to proceed under Chap If no attorney represents me a me fill out this document, I have I request relief in accordance of I understand making a false state connection with a bankruptor of years, or both. 18 U.S.C. \$5 15 | Chapter 7, I am aware that States Code. I understand ter 7.  Ind I did not pay or agree to be obtained and read the nowith the chapter of title 11, atement, concealing properties can result in fines up  | I may proceed, in<br>the relief available<br>o pay someone we<br>otice required by<br>United States Country, or obtaining<br>to \$250,000, or in   | le under each chapter, and I  who is not an attorney to help 11 U.S.C. § 342(b).  ode, specified in this petition.  money or property by fraud in  mprisonment for up to 20 |
|   | MM/DD   | / YYYY   |  | MM / DD / YYYY  |

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|                   |                                | DOC   | umem Page 60                                  | 01 04   |                                       |
|-------------------|--------------------------------|---|---|---|---------------------------------------|
| Fill in this info | ormation to identify your case | 9:  |   |   |                                       |
| Debtor 1          | George                         |   | Guerrero                                      |   |                                       |
| Debio             | First Name                     | Middle Name                                       | Last Name                                     |   |                                       |
| Debtor 2          |                                |   |   |   |                                       |
| (Spouse, if fi    | ling) First Name               | Middle Name                                       | Last Name                                     |   |                                       |
| United State      | s Bankruptcy Court for the:    | Northern  | District of Illinois                          |   |                                       |
| Case numbe        |                                |   | (State)                                       |   |                                       |
| (If known)        | J\$                            |   |   | <del></del>   |                                       |
| Officia           | l Form 106De                   | С   |   |   | Check if this is an<br>amended filing |
| Declar            | ation About a                  | –<br>n Individual D                               | ebtor's Sched                                 | ules  | 12/15                                 |
| If two marris     | od naonia are filing togethe   | r both are equally respo                          | nsible for supplying correct                  | t information.  |                                       |
|                   | 1519, and 3571.                |   |   | 6250,000, or imprisonment for up to 20 y                |                                       |
| Did you           | u pay or agree to pay some     | eone who is NOT an attor                          | ney to help you fill out bank                 | ruptcy forms?   |                                       |
| ☑ No              | 0                              |   |   |   |                                       |
| Yes               | s. Name of person              |   | Attach Bankruptcy F<br>Signature (Official Fi | Petition Preparer's Notice, Declaration, and form 119). |                                       |
|                   |                                |   |   |   |                                       |
|                   |                                |   |   |   |                                       |
|                   |                                | e that have read the sum                          | mary and schedules filed w                    | rith this declaration and                               |                                       |
| that the          | ey are true and confect.       | M. aa/  |   |   | :                                     |
| 🗶 /s/ Ged         | orge Guerrero                  | JULY IV   | *   |   |                                       |
| Signatur          | re of Debtor 1                 | , <del>, , , , , , , , , , , , , , , , , , </del> | Signature                                     | of Debtor 2   | :                                     |

Date

MM/DD/YYYY

Date 9/23/2016

MM/DD/YYYY

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| ebtor 1        | George  |                           | Guerrero                      | Case number (if known)   |
|----------------|---|---------------------------|-------------------------------|--|
|                | First Name  | Middle Name               | Last Name                     |  |
|                | thin 2 years before you<br>ditors, or other parties |                           | ou give a financial stateme   | nt to anyone about your business? Include all financial institutions           |
| $\overline{Q}$ | No<br>Yes. Fill in the details b                    | elow.                     |                               |  |
|                | •   |                           | Date issued                   |  |
|                | Name  |                           | MM/DD/YYYY                    |  |
|                | Number Street                                       |                           | <del></del>                   |  |
|                | City  | State Zip Code            |                               |  |
| art 12:        | Sign Below  |                           |                               |  |
| bani           | •   | orge Guerrero             | implisonment for up to 20     | years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2 |
|                | Date 9/2  |                           |                               | Date Date  |
| Did            | you attach additional                               | pages to Your Statement o | f Financial Affairs for Indiv | iduals Filing for Bankruptcy (Official Form 107)?                              |
|                | No  |                           |                               |  |
|                | Yes   |                           |                               |  |
| Did            | you pay or agree to pa                              | y someone who is not an a | attorney to help you fill out | bankruptcy forms?  |
| V              | No  |                           |                               |  |
| كسنبيا         |   |                           |                               | Attach the Bankruptcy Petition Preparer's Notice,                              |

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Debtor George Guerrero Case number (if

| First Name   | Middle Name  | Last Name  | known)  |
|--|--|--|---|
| 1 130 (1011)   |  |  | Part 2:   |
| st Your Unexpired Perso  | nal Property Leases  |  |   |
| For any unexpired personal pr  | operty lease that you listed it  | n Schedule G: Executory  | Contracts and Unexpired Leases (Official Form 106G), fill in the  |
| nformation below. Do not list t  | real estate leases. Unexpired  | leases are leases that are   | e still in effect; the lease period has not yet ended. You may assume   |
| an unexpired personal propert  | ly lease if the trustee does no  | t assume it. 11 U.S.C. 9 .   | 365(p)(z).  |
| 50 21  |  |  | Will the lease be assumed?  |
| Describe your unexpired p  | ersonal property leases  |  |   |
| Lessor's name:   |  |  | ☐ No  |
| Lessor's name.   | The second secon | ware to compare the compare to the control of the c | Yes   |
| Description of leased  |  |  |   |
| property:  |  |  |   |
| and the second s |  | r Commenda e de Ambrella de Ambrella de la Compaño de Marie de Compaño de Compaño de Compaño de Compaño de Com   | T No.   |
| Lessor's name:   |  |  | Ŭ No<br>☐ Yes   |
| *  | and the second s |  |   |
| Description of leased  |  |  |   |
| property:  |  |  |   |
|  |  |  | □ No  |
| Lessor's name:   |  | and a second part of the second control of t | Yes   |
| Description of leased  |  |  |   |
| property:  |  |  |   |
|  |  |  |   |
| Lessor's name:   |  |  | U No<br>☐ Yes   |
|  | and any analysis of the second | and the work out of the  | L les   |
| Description of leased  |  |  |   |
| property:  |  |  |   |
|  |  | a ayan ayan da sababagkari an a dayan ada giyar a a ayin san ar da baba aba 1965.  | □ No  |
| Lessor's name:   |  |  | Yes   |
| Description of leased  |  |  |   |
| property:  |  |  |   |
|  |  |  |   |
| Lessor's name:   |  |  | ∐ <sup>No</sup>   |
|  | ***************************************  | 10 10 10 10 10 10 10 10 10 10 10 10 10 1   | ∐ Yes   |
| Description of leased  |  |  |   |
| property:  |  |  |   |
| 1 g  | and the second s | a angala ngawan konsula a minimingan ang tiga datah Armon Kari sangta ing ana  | ∏ No  |
| Lessor's name:   |  |  | Yes   |
| Description of langed  | and a stigue grant administration in the stigue control to the entire control to the control to the control to   | y non yes, y non a representation of the six of the state of the first of the same of the yes and  | ——————————————————————————————————————  |
| Description of leased<br>property:   |  |  |   |
| and the second area are a second area and the second area and the second area and the second area are a second area are a second area.   | sannes sen e propose de nom construencia en a sena socialização de senha propositada como de Aprillador Collega<br>Construencia propose de nome construencia en a sena socialização de senha propositada de porto de Aprillador C  |  | AND STANDARD |
| Part 3: Sign Below   |  |  |   |
|  |  |  | and of my safety that a source a debt and any paragraf  |
| property that is subject to  |  | my intention about any p   | property of my estate that secures a debt and any personal  |
| ,,   | Me, Winner   |  |   |
| ✗ /s/ George Guerrero  | WW MUSS  | <u> </u>   |   |
| Signature of Debtor 1  |  | Sig  | pnature of Debtor 1   |
| Date 9/23/2016   |  | Da   | te.   |
| MM/DD/YYYY   |  | 00   | MM/DD/YYYY  |
|  |  |  |   |

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#### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| in re: | Guerrero, George                      | Case No.                                    | Case No                                    |  |  |  |  |
|--------|---------------------------------------|---|--|--|--|--|--|
| -      | Debtor(s)                             |   |  |  |  |  |  |
|        |                                       | Chapter.                                    | Chapter7                                   |  |  |  |  |
|        | VERIFICATION OF CREDITOR MATRIX       |   |  |  |  |  |  |
|        | The above named Debtors hereby verify | that the attached list of creditors is true | and correct to the best of their knowledge |  |  |  |  |
| Date:  | 9/23/2016                             | /s/ Guerrero, Geo                           |  |  |  |  |  |
|        |                                       | Guerrero, George<br>Signature of Debte      |  |  |  |  |  |

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| Debtor 1               | George   |  | Guerrero   | Case number (if known,   |                         |                                 |
|------------------------|--|--|--|--|-------------------------|---------------------------------|
|                        | First Name   | Middle Name  | Last Name  |  | 271                     |                                 |
|                        |  |  |  | Column A  Debtor 1   | Column B<br>Debtor 2 or |                                 |
|                        |  |  |  |  | non-filing spouse       |                                 |
| Do no                  | nployment compens<br>of enter the amount if y<br>ocial Security Act. Ins | ou contend that the amount rec   | \$0.00   |  |                         |                                 |
| Fory                   | •  | goda, not it more.   | \$0.00   |  |                         |                                 |
| •                      | our spouse   |  | \$0.00   |  |                         |                                 |
|                        | ion or retirement inc<br>it under the Social Se                          | come. Do not include any amou<br>curity Act.   | ınt received that was a  | \$ <u>0.00</u>   |                         |                                 |
| amou<br>paym<br>interr | nt. Do not include any<br>ents received as a vic                         | purces not listed above.Spe<br>benefits received under the So<br>tim of a war crime, a crime aga<br>errorism. If necessary, list other<br>v. | ocial Security Act or<br>inst humanity, or   |  |                         |                                 |
|                        |  |  |  |  |                         |                                 |
| Total                  | amounts from separa  | te pages, if any.  |  | +\$0.00  | +                       |                                 |
|                        |  |  |  |  |                         | =                               |
| 11. Cal                | culate your total cur  | rent monthly income. Add lir   | es 2 through 10 for each   | \$ <u>3,012.91</u> +   |                         | \$3,012.91                      |
| COI                    | umn. Then add the tol  | tal for Column A to the total for  | Column B.  |  | <u></u>                 | Tetal aurenat                   |
|                        |  |  |  |  |                         | Total current<br>monthly income |
| Part 2:                | Determine Whe  | ther the Means Test Ap   | nlies to You   |  |                         |                                 |
|                        |  | conthly income for the year.   |  | ······································   | ·····                   |                                 |
|                        | •  | t monthly income from line 11.   | caon trose steps.  | Conv   | line 11 here →          | \$3,012.91                      |
| 120.                   |  |  |  | Copy   | mie: i (ieie →          | X 12                            |
|                        |  | mber of months in a year).   |  |  | 475                     |                                 |
| 12b.                   | The result is your ann   | ual income for this part of the fo   | om.  |  | 12b.                    | \$36,154.92                     |
| 13 Calcı               | ılate the median fan   | nily income that applies to ye   | րս. Follow these steps:  |  |                         |                                 |
| Fill in                | the state in which you   | ı live.  | Illinois   |  |                         |                                 |
| Fill in                | the number of people   | in your household.   | 1  | Agency and the second s |                         |                                 |
| Fill in                | •  | ome for your state and size of   | organis in the contract of the |  | 13.                     | \$49,741.00                     |
| To fin                 | d a list of applicable n   | nedian income amounts, go on<br>nis list may also be available at  | line using the link specifie<br>the bankruptcy clerk's off   | ed in the separate<br>ice.   |                         |                                 |
| 14. How                | do the lines compa   | re?  |  |  |                         |                                 |
| 14a.                   | Line 12b is less th<br>Go to Part 3.                                     | nan or equal to line 13. On the t  | op of page 1, check box 1  | , There is no presumption of abuse   |                         |                                 |
| 14b.                   | Line 12b is more to<br>Go to Part 3 and                                  | than line 13. On the top of page<br>fill out Form 122A-2.  | 1, check box 2, The pres   | umption of abuse is determined by  | Form 122A-2.            |                                 |
| Part 3:                | Sign Below   |  |  | ····   |                         |                                 |
| Bys                    | igning here, I declare   | under penality of penjury that/ty  | e information on this state  | ement and in any attachments is tru  | e and correct.          |                                 |
| ×                      | is/ George Guerrer   | o JOJON IN UL  |  | K  |                         |                                 |
| 3                      | Signature of Debtor 1  |  |  | Signature of Debtor 2  |                         | <del>-</del>                    |
|                        | 3alo 0/22/2046   |  |  | Data 0/22/2016   |                         |                                 |
| •                      | Date <u>9/23/2016</u><br>MM/DD/YYYY                                      |  |  | Date <u>9/23/2016</u><br>MM/DD/YYYY  |                         |                                 |
|                        | 14114(C)   1   1   1   1   1   1   1   1   1                             |  |  | www.commiss  |                         |                                 |
|                        | •  | do NOT fill out or file Form 12, fill out Form 122A-2 and file it  |  |  |                         |                                 |